| Fill in this information to identify your case: | | |
|---|-------------------------------|-------------------|
| United States Bankruptcy Court for the: | | |
| EASTERN DISTRICT OF NEW YORK | | |
| Case number (if known) | Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ■ Chapter 13 | ck if this an |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Identify Yourself | | |
|-----|---|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture | Corbett First name P Middle name | First name Middle name |
| | identification to your meeting with the trustee. | O'Connor Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | | |
| | Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-1780 | |

| Del | otor 1 Corbett P O'Conno | or | Case number (if known) |
|-----|---|---|--|
| | | | |
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | ☐ I have not used any business name or EINs. |
| | Include trade names and doing business as names | Business name(s) | Business name(s) |
| | | EINs | EINs |
| 5. | Where you live | | If Debtor 2 lives at a different address: |
| | | 186 North Herman Avenue Bethpage, NY 11714 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Nassau County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for | Check one: | Check one: |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |
| | | | |

| | Corbett P O'Conn | | | | | Case number (if known) | |
|-----------|--|----------|-----------------------------|---|---|--|---|
| Par 7. | The chapter of the | Check o | ne. (For a l | brief description o | | y 11 U.S.C. § 342(b) for Individuals Filing | for Bankruptcy |
| | Bankruptcy Code you are choosing to file under | <u>`</u> | ,, | , go to the top of p | page 1 and check the appropria | ate box. | |
| | • | ☐ Chap | | | | | |
| | | ☐ Chap | | | | | |
| | | ☐ Chap | | | | | |
| | | ■ Chap | oter 13 | | | | |
| 8. | How you will pay the fee | ab or | out how yo | ou may pay. Typio attorney is subm | cally, if you are paying the fee | eck with the clerk's office in your local cou yourself, you may pay with cash, cashier's half, your attorney may pay with a credit o | s check, or money |
| | | | | | Illments. If you choose this opto (Official Form 103A). | tion, sign and attach the Application for In | dividuals to Pay |
| | | | • | | , | on only if you are filing for Chapter 7. By I | aw, a judge may, |
| | | bu ap | t is not rec plies to yo | quired to, waive your family size and | our fee, and may do so only if y I you are unable to pay the fee | your income is less than 150% of the offic in installments). If you choose this option ficial Form 103B) and file it with your petit | ial poverty line that , you must fill out |
| 9. | Have you filed for | ■ No. | | | | | |
| | bankruptcy within the last 8 years? | ☐ Yes. | | | | | |
| | | | District | | When | Case number | |
| | | | District | | When | Case number | |
| | | | District | | When | Case number | |
| 10. | Are any bankruptcy | ■ No | | | | | |
| | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | | |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if known | |
| | | | Debtor | |) A () | Relationship to you | |
| | | | District | | When | Case number, if known _ | |
| 11. | Do you rent your residence? | ■ No. | Go to | line 12. | | | |
| | | ☐ Yes. | Has yo | our landlord obtain | ned an eviction judgment agair | nst you and do you want to stay in your re | sidence? |
| | | | | No. Go to line 1 | 2. | | |
| | | | | Yes. Fill out <i>Initi</i> bankruptcy petit | | n Judgment Against You (Form 101A) and | I file it with this |
| | | | | | | | |

| Deb | otor 1 Corbett P O'Conn | or | | | Case number (if known) |
|-----|---|----------|----------------------------|--|---|
| | | | | | |
| Par | Report About Any Bu | sinesses | You Owr | n as a Sole Proprie | tor |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | |
| | | ☐ Yes. | Name | e and location of bus | siness |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | | e of business, if any | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numb | per, Street, City, Sta | te & ZIP Code |
| | it to this petition. | | Chec | k the appropriate bo | x to describe your business: |
| | | | | Health Care Busin | ness (as defined in 11 U.S.C. § 101(27A)) |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) |
| | | | | Stockbroker (as d | efined in 11 U.S.C. § 101(53A)) |
| | | | | Commodity Broke | er (as defined in 11 U.S.C. § 101(6)) |
| | | | | None of the above | e |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i> debtor? | deadline | s. If you ir is, cash-f | ndicate that you are low statement, and f | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure |
| | For a definition of small | ■ No. | I am ı | not filing under Chap | oter 11. |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am f Code | | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy |
| | | ☐ Yes. | I am f | iling under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |
| Par | t 4: Report if You Own or | Have Any | · Hazardo | ous Property or An | y Property That Needs Immediate Attention |
| | Do you own or have any | ■ No. | | | |
| | property that poses or is alleged to pose a threat of imminent and identifiable hazard to | ☐ Yes. | What is | the hazard? | |
| | public health or safety? Or do you own any property that needs immediate attention? | | | diate attention is why is it needed? | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where i | s the property? | |
| | - | | | | Number, Street, City, State & Zip Code |
| | | | | | |

Debtor 1 Corbett P O'Connor Case number (if known)

Part 5: Explain Your Efforts

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Deb | otor 1 Corbett P O'Conn | or | | Case number (ii | known) |
|-----|--|----------------------|-------------------------------------|---|--|
| Par | t 6: Answer These Quest | ions for Re | porting Purposes | | |
| 16. | What kind of debts do you have? | 16a. | | sumer debts? Consumer debts are defined al, family, or household purpose." | l in 11 U.S.C. § 101(8) as "incurred by an |
| | | | ☐ No. Go to line 16b. | | |
| | | | Yes. Go to line 17. | | |
| | | 16b. | | ness debts? Business debts are debts tha nent or through the operation of the busine | |
| | | | ☐ No. Go to line 16c. | | |
| | | | ☐ Yes. Go to line 17. | | |
| | | 16c. | State the type of debts you owe | that are not consumer debts or business d | lebts |
| 17. | Are you filing under Chapter 7? | ■ No. | I am not filing under Chapter 7. | Go to line 18. | |
| | Do you estimate that after any exempt property is excluded and | ☐ Yes. | | you estimate that after any exempt property able to distribute to unsecured creditors? | y is excluded and administrative expenses |
| | administrative expenses | | □ No | | |
| | are paid that funds will be available for | | ☐ Yes | | |
| | distribution to unsecured creditors? | | | | |
| 18. | How many Creditors do | 1 -49 | | □ 1,000-5,000 | □ 25,001-50,000 |
| | you estimate that you owe? | □ 50-99 | | □ 5001-10,000 □ 40,004.05.000 | □ 50,001-100,000 |
| | | ☐ 100-19 ☐ 200-99 | | □ 10,001-25,000 | ☐ More than100,000 |
| 19. | How much do you | □ \$0 - \$5 | 50,000 | ☐ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion |
| | estimate your assets to be worth? | | 1 - \$100,000 | ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million | □ \$1,000,000,001 - \$10 billion |
| | | | 01 - \$500,000 01 - \$1 million | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion |
| | | | ψ | | |
| 20. | How much do you estimate your liabilities | □ \$0 - \$5 | | □ \$1,000,001 - \$10 million | \$500,000,001 - \$1 billion |
| | to be? | | 01 - \$100,000 101 - \$500,000 | ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million | □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion |
| | | | 01 - \$1 million | ☐ \$100,000,001 - \$500 million | ☐ More than \$50 billion |
| Par | t7: Sign Below | | | | |
| For | you | I have exa | amined this petition, and I declar | e under penalty of perjury that the informat | ion provided is true and correct. |
| | | | | am aware that I may proceed, if eligible, un of available under each chapter, and I choo | |
| | | | | pay or agree to pay someone who is not a otice required by 11 U.S.C. § 342(b). | n attorney to help me fill out this |
| | | I request | relief in accordance with the cha | pter of title 11, United States Code, specific | ed in this petition. |
| | | | y case can result in fines up to \$ | oncealing property, or obtaining money or p 6250,000, or imprisonment for up to 20 yea | |
| | | | ett P O'Connor P O'Connor | Signature of Debtor 2 | |
| | | | of Debtor 1 | Signature of Debitor 2 | |
| | | Executed | on June 16, 2017 | Executed on | |
| | | | MM / DD / YYYY | MM / E | DD / YYYY |

| Debtor 1 Corbett P O'Conn | or | Cas | se number (if known) |
|---|---|----------------------------|---|
| For your attorney, if you are represented by one | under Chapter 7, 11, 12, or 13 of title 11, Unite | ed States Code, and have e | informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b) |
| If you are not represented by an attorney, you do not need to file this page. | | | vledge after an inquiry that the information in the |
| | /s/ Michael Kinzer | Date | June 16, 2017 |
| | Signature of Attorney for Debtor | | MM / DD / YYYY |
| | Michael Kinzer | | |
| | Printed name | | |
| | Michael A. Kinzer | | |
| | Firm name | | |
| | 100 Broadhollow Rd. Ste. 205 | | |
| | Farmingdale, NY 11735 | | |
| | Number, Street, City, State & ZIP Code | | |
| | Contact phone 631-321-8584 | Email address | |
| | Bar number & State | | <u> </u> |
| | | | |

| Debtor 1 Corbett P O'Connor First Name Middle Name Last Name Debtor 2 (Spouse if, filing) First Name Middle Name Last Name | |
|---|--------------|
| Debtor 2 | |
| (Spouse if filing) First Name Middle Name Last Name | |
| (Opposed in, mining) I instituting initialing Lastituting | |
| United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK | |
| Case number Check if thi amended fi | |
| | |
| Official Form 106Sum | |
| Summary of Your Assets and Liabilities and Certain Statistical Information 12/15 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying co information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules a your original forms, you must fill out a new Summary and check the box at the top of this page. | rrect |
| Part 1: Summarize Your Assets | |
| Your assets Value of wha | |
| Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B \$ | 900,000.00 |
| 1b. Copy line 62, Total personal property, from Schedule A/B\$ | 18,700.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B | 918,700.00 |
| Part 2: Summarize Your Liabilities | |
| Your liabilit Amount you | |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D \$ | 900,000.00 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F\$ | 0.00 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F\$ | 5,000.00 |
| Your total liabilities \$9 | 05,000.00 |
| Part 3: Summarize Your Income and Expenses | |
| 4. Schedule I: Your Income (Official Form 106I) | 9,481.30 |
| Copy your combined monthly income from line 12 of <i>Schedule I</i> | 3,401.00 |
| Copy your monthly expenses from line 22c of Schedule J | 3,954.00 |
| Part 4: Answer These Questions for Administrative and Statistical Records | |
| 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedule. | es. |
| Yes 7. What kind of debt do you have? | |
| Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, fami household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | y, or |
| Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit the court with your other schedules. | this form to |

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

| Debtor 1 | Corbett P O'Connor | |
|----------|--------------------|--|
|----------|--------------------|--|

Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

13,754.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total cl | aim |
|--|----------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| | this information | n to identify | your case and th | his filing | g: | | | |
|------------------|--|--------------------|------------------|------------|--|---|--|---|
| Debto | | orbett P O | | | | | | |
| Dobto | | st Name | Middle | e Name | Last Name | | | |
| Debto (Spouse | | st Name | Middle | e Name | Last Name | | | |
| United | d States Bankrup | tcy Court for | the: EASTERN | DISTRI | ICT OF NEW YORK | | | |
| Case | number | | | | | | | ☐ Check if this is a |
| | | | | | | | | amended filing |
| ~ | | | | | | | | |
| | <u>cial Form</u> | | _ | | | | | |
| Sch | <u>nedule A</u> | VB: P | roperty | | | | | 12/15 |
| | | ny legal or ed | | | Estate You Own or Have an Interest In lence, building, land, or similar property? | | | |
| 1.1 | | | | What | t is the property? Check all that apply | | | |
| _1 | 86 North Herr | | | What | t is the property? Check all that apply Single-family home | | | aims or exemptions. Put |
| _1 | 186 North Herr Street address, if availa | | | What | | the amoun | t of any secure | aims or exemptions. Put ed claims on Schedule D: ms Secured by Property. |
| 1 | Street address, if availa | | | | Single-family home Duplex or multi-unit building | the amoun | t of any secure Who Have Clai | ed claims on Schedule D: ims Secured by Property. |
| 1 | | | | | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home | Current va | t of any secure Who Have Clai ulue of the perty? | ed claims on Schedule D: ms Secured by Property. Current value of the portion you own? |
| 1 8 | Street address, if availa | able, or other des | scription | | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property | Current va | t of any secure Who Have Clai | ed claims on Schedule D: ms Secured by Property. Current value of the |
| 1 8 | Street address, if availa | able, or other des | 11714-0000 | | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare | Current va entire pro \$90 Describe t (such as fo | t of any secure Who Have Clais Islue of the Derty? D0,000.00 he nature of yee simple, ten | ed claims on Schedule D: ms Secured by Property. Current value of the portion you own? |
| 1 8 | Street address, if availa | able, or other des | 11714-0000 | | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare | Current va entire pro \$90 Describe t (such as f a life estat | t of any secure Who Have Clais Islue of the Derty? D0,000.00 he nature of yee simple, ten e), if known. | Current value of the portion you own? \$900,000.00 |
| 1 8 | Street address, if availa | able, or other des | 11714-0000 | | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one | Current va entire pro \$90 Describe t (such as f a life estat 50% ten | t of any secure Who Have Clais Islue of the Derty? D0,000.00 he nature of yee simple, ten e), if known. | Current value of the portion you ownership interest ancy by the entireties, or mmon interest |
| 1 3 | Street address, if availa | able, or other des | 11714-0000 | | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only | Current va entire pro \$90 Describe t (such as f a life estat 50% ten | t of any secure Who Have Clais ulue of the berty? 00,000.00 he nature of y ee simple, ten ee), if known. ancy in co | Current value of the portion you ownership interest ancy by the entireties, or mmon interest |
| | Sethpage Sity | able, or other des | 11714-0000 | | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only | Current va entire pro \$90 Describe t (such as fr a life estat 50% ten subject | t of any secure Who Have Clais alue of the perty? 00,000.00 he nature of y ee simple, ten ee), if known. ancy in co to life esta | Current value of the portion you own? \$900,000.00 your ownership interest lancy by the entireties, of the entireties, of the entireties the |
| | Street address, if availa Bethpage City Nassau | able, or other des | 11714-0000 | Who | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only | Current va entire pro \$90 Describe t (such as f a life estat 50% ten subject | t of any secure Who Have Clais alue of the perty? 00,000.00 he nature of y ee simple, ten ee), if known. ancy in co to life esta | Current value of the portion you ownership interest ancy by the entireties, or mmon interest |
| | Street address, if availa Bethpage City Nassau | able, or other des | 11714-0000 | Who | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Current valentire properties of the control of the | t of any secure Who Have Clair alue of the perty? 00,000.00 he nature of y ee simple, ten ee), if known. ancy in co to life esta | Current value of the portion you own? \$900,000.00 your ownership interest lancy by the entireties, of the entireties, of the entireties the |
| | Street address, if availa Bethpage City Nassau | able, or other des | 11714-0000 | Who | Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another r information you wish to add about this it | Current valentire properties of the control of the | t of any secure Who Have Clair alue of the perty? 00,000.00 he nature of y ee simple, ten ee), if known. ancy in co to life esta | Current value of the portion you own? \$900,000.00 your ownership interest lancy by the entireties, of the entireties, of the entireties the |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

| Debtor 1 | Corbett P O'Connor | | Case number (if known) | |
|--------------------------|---------------------------|--|--|---|
| Cars, vans | , trucks, tractors, sport | utility vehicles, motorcycles | | |
| · | , , , . , . , . , . | ,, | | |
| □ No | | | | |
| Yes | | | | |
| | 171 | | Do not doduct socured | claims or exemptions. Put |
| 3.1 Make: | Kia | Who has an interest in the property? Check one | the amount of any secu | red claims on Schedule D: |
| Model: | Sedona | Debtor 1 only | Creditors Who Have Cl | aims Secured by Property. |
| Year: | 2014 mate mileage: | Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| • • • | formation: | Debtor 1 and Debtor 2 only | entire property? | portion you own: |
| Other in | normation: | At least one of the debtors and another | | |
| | | Check if this is community property (see instructions) | \$10,000.00 | \$10,000.00 |
| 3.2 Make: | Dodge | Who has an interest in the property? Check one | | claims or exemptions. Put |
| | Caravan | | | red claims on Schedule D: aims Secured by Property. |
| Model: Year: | 2006 | Debtor 1 only Debtor 2 only | | |
| | mate mileage: | Debtor 1 and Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| | formation: | ☐ At least one of the debtors and another | | |
| | | ☐ Check if this is community property | \$2,000.00 | \$2,000.00 |
| | | (see instructions) | | |
| | | n you own for all of your entries from Part 2, including 2. Write that number here | | \$12,000.00 |
| | | | | _ |
| art 3: Descr | ibe Your Personal and Ho | usehold Items | | |
| o you own | or have any legal or equ | uitable interest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Examples: ☐ No | , ,, | s ıre, linens, china, kitchenware | | |
| Yes. De | escribe | | | |
| | Misc ho | usehold goods | | \$2,000.0 |
| | | | | |
| Electronics Examples: | Televisions and radios; a | | ters, scanners; music collec | |
| □ No ■ Yes. De | <u> </u> | audio, video, stereo, and digital equipment; computers, prin ameras, media players, games | | tions; electronic devices |
| | escribe | | | tions; electronic devices |
| | | ameras, media players, games | | tions; electronic devices |
| | | | | |
| Collectible | Misc ele | ameras, media players, games | | |

other collections, memorabilia, collectibles

■ No

☐ Yes. Describe.....

| De | ebtor 1 | Corbett P O' | Connor | | | Case number (if known |) |
|------|--------------------------------|---|------------|----------------------|--|-------------------------------------|---|
| 9. I | | ent for sports a | | | er hobby equipment; bicycles, poo | I tables and clubs skip consec | and kayake: carpantry tools: |
| | ■ No | musical instru | 0 1 | exercise, and othe | a nobby equipment, bicycles, pool | i tables, goli ciubs, skis, carioe: | s and kayaks, carpentry tools, |
| | _ | Describe | | | | | |
| | Firearm Exampl ■ No | | s, shotgur | ns, ammunition, ar | nd related equipment | | |
| | _ | Describe | | | | | |
| | Clothes Example | | othes, fur | s, leather coats, d | esigner wear, shoes, accessories | | |
| | | Describe | | | | | |
| | | | Misc o | lothing | | | \$100.00 |
| | □ No ´ | | welry, cos | stume jewelry, enç | gagement rings, wedding rings, he | eirloom jewelry, watches, gems, | gold, silver |
| | | | Misc j | ewelry | | | \$100.00 |
| 14. | Any oth ■ No | Describe ner personal and Give specific info | | • | id not already list, including any | r health aids you did not list | |
| 15 | | | | | Part 3, including any entries fo | | \$3,200.00 |
| | | cribe Your Finan | | | | | |
| Do | you ow | n or have any l | egal or e | quitable interest | in any of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | Cash Example ■ No | les: Money you l | nave in yo | our wallet, in your | home, in a safe deposit box, and | on hand when you file your pet | ition |
| | ☐ Yes | | | | | | |
| | Exampl | | | | ecounts; certificates of deposit; shats with the same institution, list ea | | houses, and other similar |
| | □ No ■ Yes | | | | Institution name: | | |
| | | | 17.1. | Checking and Savings | l Capital One | | \$100.00 |
| | | | | 9- | | | |

Official Form 106A/B Schedule A/B: Property page 3

| De | ebtor 1 | Corbett P | O'Connor | | Case number (if know | n) |
|-----|---------------------------|---------------------------------|--|-----------------------------------|---|--|
| 18. | | | ds, or publicly traded stocks | orokerage firms, money marl | ket accounts | |
| | ■ No | | | | | |
| | ☐ Yes | | Institution or issue | er name: | | |
| 19. | Non-pu joint ve | | d stock and interests in incor | porated and unincorporat | ed businesses, including an inter | est in an LLC, partnership, and |
| | Yes. | Give specific | information about them | | | |
| | | · | Name of entity: | | % of ownership: | |
| | | | Millwork Designs | Corp | % | \$100.00 |
| 20. | Negotia Non-ne ■ No | able instrume egotiable inst | prporate bonds and other negents include personal checks, caruments are those you cannot the information about them Issuer name: | ashiers' checks, promissory | notes, and money orders. | |
| | 5 .: | | | | | |
| 21. | | | sion accounts sin IRA, ERISA, Keogh, 401(k), | , 403(b), thrift savings accou | ınts, or other pension or profit-sharir | ng plans |
| | Yes. | List each acc | ount separately. Type of account: | Institution name: | | |
| | | | Type of account. | | | \$3,000.00 |
| | | | | ETrade | | |
| 22. | Your sh | hare of all un | and prepayments used deposits you have made s ents with landlords, prepaid ren | t, public utilities (electric, ga | s, water), telecommunications comp | vanies, or others |
| | ☐ Yes | | | Institution name or | individual: | |
| 23. | Annuiti | ies (A contra | ct for a periodic payment of mo | ney to you, either for life or f | for a number of years) | |
| | ☐ Yes | | Issuer name and description. | | | |
| 24. | 26 U.S.0 | | eation IRA, in an account in a 1), 529A(b), and 529(b)(1). | qualified ABLE program, | or under a qualified state tuition p | orogram. |
| | ■ No | | Institution name and descripti | ion Congretaly file the recor | ide of any interests 11 LLC C S F21/ | ۵)، |
| | ☐ Yes | | institution name and descripti | on. Separately file the recor | ds of any interests.11 U.S.C. § 521(| C). |
| 25. | Trusts, | equitable o | r future interests in property (| (other than anything listed | d in line 1), and rights or powers e | exercisable for your benefit |
| | ☐ Yes. | Give specific | information about them | | | |
| 26. | Examp | | s, trademarks, trade secrets, a domain names, websites, proce | | | |
| | ■ No □ Yes. | Give specific | c information about them | | | |
| 27. | | | es, and other general intangik permits, exclusive licenses, coo | | gs, liquor licenses, professional lice | nses |
| | ■ No □ Yes | Give specific | c information about them | | | |
| | | • | | | | |
| M | oney or p | property ow | ed to you? | | | Current value of the portion you own? Do not deduct secured |

Official Form 106A/B Schedule A/B: Property page 4

claims or exemptions.

| De | ebtor 1 | Corbett P O'Connor | Case number (if known) | |
|-----|-----------------------------|--|---|---|
| 28. | | unds owed to you | | |
| | ■ No □ Yes. 0 | Give specific information about them, including wheth | ner you already filed the returns and the tax years | |
| | ■ No | | child support, maintenance, divorce settlement, property | settlement |
| | Examp ■ No | benefits; unpaid loans you made to someone els | sability benefits, sick pay, vacation pay, workers' comper se | nsation, Social Security |
| | | Give specific information | | |
| 31. | | s in insurance policies les: Health, disability, or life insurance; health saving | s account (HSA); credit, homeowner's, or renter's insurar | ce |
| | ☐ Yes. I | Name the insurance company of each policy and list Company name: | its value. Beneficiary: | Surrender or refund value: |
| | If you a someon | erest in property that is due you from someone ware the beneficiary of a living trust, expect proceeds from has died. Give specific information | who has died rom a life insurance policy, or are currently entitled to rece | eive property because |
| 33. | Examp ■ No | against third parties, whether or not you have file les: Accidents, employment disputes, insurance clair Describe each claim | | |
| 34. | Other c | ontingent and unliquidated claims of every nature | e, including counterclaims of the debtor and rights to | set off claims |
| | ■ No □ Yes. | Describe each claim | | |
| 35. | - | ancial assets you did not already list | | |
| | ■ No □ Yes. | Give specific information | | |
| 36 | | ne dollar value of all of your entries from Part 4, in rt 4. Write that number here | ncluding any entries for pages you have attached | \$3,200.00 |
| Pa | rt 5: Des | scribe Any Business-Related Property You Own or Have | an Interest In. List any real estate in Part 1. | |
| | Do you o □ No. Go | wn or have any legal or equitable interest in any busine to Part 6. | ss-related property? | |
| ı | Yes. G | o to line 38. | | |
| | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 38. | Accour ■ No | nts receivable or commissions you already earned | d | |
| | | | | |

☐ Yes. Describe.....

Official Form 106A/B Schedule A/B: Property page 5

| Debte | or 1 | Corbett P O'Connor | Case number (if known) | |
|----------------|------------------------|---|------------------------------------|----------------------------|
| E | ffice e Examp No | e equipment, furnishings, and supplies nples: Business-related computers, software, modems, printers, copiers, fax m | nachines, rugs, telephones, desks, | chairs, electronic devices |
| | Yes. | . Describe | | |
| | No | inery, fixtures, equipment, supplies you use in business, and tools of yo | ur trade | |
| | Yes. | . Describe | | |
| | | Misc tools | | \$300.00 |
| 41. I n | vento | torv | | |
| | No | , | | |
| | Yes. | . Describe | | |
| 42. I n | nteres | sts in partnerships or joint ventures | | |
| | No | | | |
| | Yes. | . Give specific information about them Name of entity: | % of ownership: | |
| | | omer lists, mailing lists, or other compilations | | |
| | | | | |
| | Do you | our lists include personally identifiable information (as defined in 11 U.S.C. § 101(41 | A))? | |
| | | ■ No | | |
| | | ☐ Yes. Describe | | |
| 44. A | ny bu | ousiness-related property you did not already list | | |
| | No | | | |
| | Yes. | . Give specific information | | |
| 45. | Add tl | the dollar value of all of your entries from Part 5, including any entries f | or pages you have attached | 4000.00 |
| | for Pa | Part 5. Write that number here | | \$300.00 |
| Part 6 | | escribe Any Farm- and Commercial Fishing-Related Property You Own or Have an you own or have an interest in farmland, list it in Part 1. | Interest In. | |
| | - | ou own or have any legal or equitable interest in any farm- or commercial | fishing-related property? | |
| _ | | o. Go to Part 7. | | |
| L | → Yes. | ss. Go to line 47. | | |
| Part 7 | ' : | Describe All Property You Own or Have an Interest in That You Did Not List About 1995 All Property You Own or Have an Interest in That You Did Not List About 1995 All Property You Own or Have an Interest in That You Did Not List About 1995 All Property You Own or Have an Interest in That You Did Not List About 1995 All Property You Own or Have an Interest in That You Did Not List About 1995 All Property You Own or Have an Interest in That You Did Not List About 1995 All Property You Own or Have 2005 All Property You Own or Have 2005 All Property You Own | ove | |
| | ≡хатр | ou have other property of any kind you did not already list? nples: Season tickets, country club membership | | |
| | No Yes. (| . Give specific information | | |
| 54. | Add fl | the dollar value of all of your entries from Part 7. Write that number here | , | \$0.00 |
| | | | | Ψυ.υυ |

Official Form 106A/B Schedule A/B: Property page 6

| Deb | tor 1 | Corbett P O'Connor | | Case number (if known) | |
|------|--------|--|-------------|------------------------------|--------------|
| Part | 8: | List the Totals of Each Part of this Form | | | |
| 55. | Part 1 | : Total real estate, line 2 | | | \$900,000.00 |
| 56. | Part 2 | 2: Total vehicles, line 5 | \$12,000.00 | | |
| 57. | Part 3 | 3: Total personal and household items, line 15 | \$3,200.00 | | |
| 58. | Part 4 | l: Total financial assets, line 36 | \$3,200.00 | | |
| 59. | Part 5 | i: Total business-related property, line 45 | \$300.00 | | |
| 60. | Part 6 | S: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7 | ': Total other property not listed, line 54 + | \$0.00 | | |
| 62. | Total | personal property. Add lines 56 through 61 | \$18,700.00 | Copy personal property total | \$18,700.00 |
| 63. | Total | of all property on Schedule A/B. Add line 55 + line 62 | | | \$918,700.00 |

Official Form 106A/B Schedule A/B: Property page 7

| βI | l in this inform | ation to identify your case: | | | | |
|-------|------------------|---|--------------------------------------|---------|---|---|
| | ebtor 1 | | | | | |
| De | DIOI I | Corbett P O'Connor First Name | Middle Name | L | ast Name | |
| | ebtor 2 | | | | | |
| (Sp | ouse if, filing) | First Name | Middle Name | L | ast Name | |
| Un | ited States Ban | kruptcy Court for the: EAS | STERN DISTRICT OF N | EW Y | ORK | |
| Са | se number | | | | | |
| (if k | nown) | | | | | ☐ Check if this is an |
| | | | | | | amended filing |
| O. | fficial For | m 106C | | | | |
| | | C: The Prope | erty You Cla | im | as Exempt | 4/16 |
| D. | aa aamulata an | d accurate as possible. If two | married sees to are filing | | ther both are equally reenengible for | r cumplying correct information. Heine |
| he | property you lis | ted on Schedule A/B: Proper | ty (Official Form 106A/B) | as yo | our source, list the property that you | or supplying correct information. Using claim as exempt. If more space is additional pages, write your name and |
| cas | e number (if kno | own). | | | | |
| | | | | | | One way of doing so is to state a |
| | | | | | | ing exempted up to the amount of enefits, and tax-exempt retirement |
| fun | ds-may be un | llimited in dollar amount. H | owever, if you claim an | exen | nption of 100% of fair market valu | |
| | | statutory amount. | the value of the propen | ty is c | letermined to exceed that amoun | t, your exemption would be limited |
| Pa | rt 1: Identify | the Property You Claim as | Exempt | | | |
| 1. | Which set of e | exemptions are you claimir | ng? Check one only eve | n if vo | our spouse is filing with you | |
| • | _ | iming state and federal nonba | | • | , , | |
| | _ | G | , , , | 11 0.0 | 3.0. 8 322(0)(3) | |
| | ■ You are clai | iming federal exemptions. 1 | 1 U.S.C. § 522(b)(2) | | | |
| 2. | For any prope | erty you list on Schedule A | B that you claim as exe | empt, | fill in the information below. | |
| | | n of the property and line on nat lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
| | Schedule A/D ti | iat lists tills property | Copy the value from | Che | eck only one box for each exemption. | |
| | | | Schedule A/B | | , | |
| | | erman Avenue Bethpage | e, \$900,000.00 | | \$11,825.00 | 11 U.S.C. § 522(d)(1) |
| | Line from Sche | assau County edule A/B: 1.1 | | | 100% of fair market value, up to | |
| | | | | | any applicable statutory limit | |
| | Misc housel | and goods | | | | 11 U.S.C. § 522(d)(3) |
| | Line from Sche | | \$2,000.00 | | \$2,000.00 | 11 0.3.C. § 322(d)(3) |
| | | | | | 100% of fair market value, up to | |
| | | | | | any applicable statutory limit | |
| | Misc electro | nic equipment | \$1,000.00 | _ | \$1,000.00 | 11 U.S.C. § 522(d)(3) |
| | Line from Sche | edule A/B: 7.1 | Ψ1,000.00 | _ | | |
| | | | | | 100% of fair market value, up to any applicable statutory limit | |
| | | | | | | |
| | Misc clothin | | \$100.00 | | \$100.00 | 11 U.S.C. § 522(d)(3) |
| | Line from Sche | edule A/B: 11.1 | | | 100% of fair market value, up to | |
| | | | | | any applicable statutory limit | |
| | Misc jewelry | | | | | 11 U.S.C. § 522(d)(4) |
| | | / edule A/B: 12.1 | \$100.00 | | \$100.00 | 11 0.0.0. 3 022(4)(4) |

Official Form 106C

| De | Brief description of the property and line on Schedule A/B that lists this property Checking and Savings: Capital One Line from Schedule A/B: 17.1 Millwork Designs Corp 100 % ownership Line from Schedule A/B: 19.1 ETrade Line from Schedule A/B: 21.1 Brief description of the property and line on Schedule from Schedule from Schedule A/B: 21.1 Current value of the portion you own Current value of the portion you own Check only one box for each exemption. Specific laws that allow exemption Check only one box for each exemption. Specific laws that allow exemption Specific laws that allow exemption Check only one box for each exemption. Specific laws that allow exemption Specific laws that allow exemption on the portion you own Check only one box for each exemption. Specific laws that allow exemption on the portion you own Check only one box for each exemption. Specific laws that allow exemption on the portion you own Check only one box for each exemption. Specific laws that allow exemption on the portion you own Check only one box for each exemption. Specific laws that allow exemption on the portion you own Check only one box for each exemption. Specific laws that allow exemption on the portion you own Check only one box for each exemption. Specific laws that allow exemption on the portion you own champed on the portion you of the portion you on the portion you of the portion you of the portion you of the portion you of the p | | | | |
|----|--|------------------------|--|---|------------------------|
| | | | Amo | Specific laws that allow exemption | |
| | | | Che | ck only one box for each exemption. | |
| | | \$100.00 | \$100.00 \$10 | | 11 U.S.C. § 522(d)(5) |
| | Elle IIIII Genedale A.B. 1111 | | | · • | |
| | | \$100.00 | | \$100.00 | 11 U.S.C. § 522(d)(5) |
| | • | | | | |
| | | \$3,000.00 | | \$3,000.00 | 11 U.S.C. § 522(d)(12) |
| | Line Irom Schedule A/B. 21.1 | | | · • | |
| | Misc tools Line from Schedule A/B: 40.1 | \$300.00 | | \$300.00 | 11 U.S.C. § 522(d)(6) |
| | Line IIIIII Schedule PVD. 40.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every No | | | led on or after the date of adjustmen | nt.) |
| | Yes. Did you acquire the property cover | ed by the exemption wi | thin 1 | ,215 days before you filed this case | ? |
| | □ No □ Yes | | | | |
| | – 103 | | | | |

| Fill in this information to ide | entify your | case: | | | | |
|---|-----------------------------|--|----------------------------|---|--|--------------------------|
| Debtor 1 Corbett | P O'Coni | nor | | | | |
| First Name | | Middle Name | Last Name | | | |
| Debtor 2 (Spouse if, filing) First Name | | Middle Name | Last Name | | | |
| United States Bankruptcy Co | urt for the: | EASTERN DISTRICT C | F NEW YORK | | | |
| | | | | | | |
| Case number (if known) | | | | | ☐ Check | if this is an |
| | | | | | _ | ded filing |
| Official Form 106D | | | | | | |
| Schedule D: Cred | ditors | Who Have Clai | ms Secure | d by Property | у | 12/15 |
| Be as complete and accurate as is needed, copy the Additional P | | | | | | |
| 1. Do any creditors have claims | secured by | your property? | | | | |
| ☐ No. Check this box and | d submit thi | s form to the court with you | ur other schedules. Y | ou have nothing else t | o report on this form. | |
| Yes. Fill in all of the int | formation b | elow. | | - | | |
| Part 1: List All Secured C | | | | | | |
| 2. List all secured claims. If a cr | reditor has m | ore than one secured claim, lis | t the creditor separately | , Column A | Column B | Column C |
| for each claim. If more than one of much as possible, list the claims it | | | | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 Shellpoint Mortgage | • | Describe the property that s | ecures the claim: | \$900,000.00 | \$900,000.00 | \$0.00 |
| Creditor's Name | I | 186 North Herman Ave Bethpage, NY 11714 I County | | | | |
| 75 Beattie Place | L | As of the date you file, the c | laim is: Check all that | | | |
| Greenville, SC 2960 | 1 | apply. Contingent | | | | |
| Number, Street, City, State & Zi | p Code | Unliquidated | | | | |
| Who awas the debt? Observer | _ | Disputed | t amelia | | | |
| Who owes the debt? Check or | ne. | Nature of lien. Check all tha | 11.3 | | | |
| ☐ Debtor 1 only ☐ Debtor 2 only | | An agreement you made (s car loan) | such as mortgage or sec | cured | | |
| Debtor 1 and Debtor 2 only | | ☐ Statutory lien (such as tax | lien, mechanic's lien) | | | |
| At least one of the debtors and | d another | ☐ Judgment lien from a laws | • | | | |
| ☐ Check if this claim relates to community debt | оа | Other (including a right to o | offset) | | | |
| Nove Date debt was incurred 2010 | ember) | Last 4 digits of accou | int number 3972 | | | |
| | | | | | | |
| Add the dollar value of your e | entries in Co | lumn A on this page. Write tl | nat number here: | \$900,00 | 00.00 | |
| If this is the last page of your Write that number here: | form, add th | ne dollar value totals from al | I pages. | \$900,00 | 00.00 | |
| Part 2: List Others to Be N | lotified for | a Debt That You Already | Listed | | | |
| Use this page only if you have of trying to collect from you for a than one creditor for any of the date in Part 1 do not fill out of | debt you ow debts that y | re to someone else, list the c you listed in Part 1, list the a | reditor in Part 1, and the | hen list the collection a | gency here. Similarly, if | you have more |
| debts in Part 1, do not fill out o | i aupinit this | s paye. | | | | |
| Name, Number, Street, Ci | • | p Code | On which | ch line in Part 1 did you e | nter the creditor? 2.1 | |
| Stein, Weiner & Ro 1 Old Country Road Mineola, NY 11501 | | | Last 4 o | digits of account number | _ | |

Official Form 106D

| Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. | Debtor 1 Debtor 2 (Spouse if, filing) United States Bank | | case: | | | |
|--|---|--|---|--|--|--|
| Pirst Name | Debtor 2 (Spouse if, filing) United States Bank | Corbett P O'Conn | | | | |
| Debtor 2 (Sprause J. Bird) Fleat Name Middle Name Last Name | (Spouse if, filing) United States Bank | | | | | |
| United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK Case number (if known) Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases that could result in a claim. Also list executory contracts or unexpired leases that could result in a claim. Also leave the part of the creditor who had a series of the creditor and unexpired leases and anisets. | (Spouse if, filing) United States Bank | First Name | Middle Name | Last Name | | |
| Case number Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Bas a complete and accurate as possible. Use Part 1 for creditors with PRIDARTY claims and Part 2 for creditors with NONPRIDARTY claims. List the other pury to environment of the property (official Form 166/87) and on Schedule AB. Temperty (official Form 166/87) and on Schedule C: Executory Contracts and Unexpired Leases (Official Form 166/87) but not not property to the page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 13: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2: List All of Your NONPRIORITY Unsecured Claims 2. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. 4. List All of Your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the creditors in Part 3.If you have more than three nonpriority unsecured claims. If or each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the creditors in Part 3.If you have more than three nonpriority unsecured claims. If or a creditor is in Part 3.If you have more than three nonpriority unsecured claims. If or a claim 1. If | | First Name | Middle Name | Last Name | | |
| Case number Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Bas a complete and accurate as possible. Use Part 1 for creditors with PRIDARTY claims and Part 2 for creditors with NONPRIDARTY claims. List the other pury to environment of the property (official Form 166/87) and on Schedule AB. Temperty (official Form 166/87) and on Schedule C: Executory Contracts and Unexpired Leases (Official Form 166/87) but not not property to the page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 13: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2: List All of Your NONPRIORITY Unsecured Claims 2. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. 4. List All of Your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the creditors in Part 3.If you have more than three nonpriority unsecured claims. If or each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the creditors in Part 3.If you have more than three nonpriority unsecured claims. If or a creditor is in Part 3.If you have more than three nonpriority unsecured claims. If or a claim 1. If | | lementary Count for the | EASTEDN DISTRICT | OE NEW YORK | | |
| Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule Alfe. Property (Official Form 106A/B) and on any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule Dr. (Official Form 106A/B) and on the count of the co | Case number | kruptcy Court for the: | EASTERN DISTRICT | OF NEW YORK | | |
| Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to great property contracts or unspringed leases that could result in a claim. Also list executory contracts on Schedule AB: Property (Official Form 106AB) and on Schedule C: Executory Contracts and Unexpired Leases (Official Form 106C). Do not include any creditors with partially secured claims studies of schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Party ou need, fill it uniber the entries in the boxes on the lift. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 3: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. 4. List All of Your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more han one nonpriority unsecured claims, list the creditor separately for each claim. For each claim set and identify unsecured claims is the creditor separately for each claim. For each claim is to credit the sparately for each claim is to reach claim. For each claim is to credit the Continuation Page of Part 2. Nonpriority Creditors Name 400 Jericho Toke, #115 Jericho, NY 11753 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 2 only Check if this claim is for a community debt At least one of the debtors and another Check if this claim is for a community debt Student loans Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 on 15 debtor 3 only Debtor 3 on 15 debtor 3 on | | | | | | |
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| Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unseptired leases that could result in a claim. Also list executory contracts on Schedule AB: Property (Official Form 10649) and on Schedule 6: Executory Contracts and Unexpired Leases (Official Form 1066). Do not include any creditors with partially secured claims that are listed in Schedule 0: Executory Contracts and Unexpired Leases (Official Form 1066). Do not include any creditors with partially secured claims that are listed in Schedule 10: Creditors Who Have Claims Secured by Property, If more space is needed, copy the Part you need, fill out, number the entries in the bose on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Fart 1: | | | | | | amended filing |
| Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unseptired leases that could result in a claim. Also list executory contracts on Schedule AB: Property (Official Form 10649) and on Schedule 6: Executory Contracts and Unexpired Leases (Official Form 1066). Do not include any creditors with partially secured claims that are listed in Schedule 0: Executory Contracts and Unexpired Leases (Official Form 1066). Do not include any creditors with partially secured claims that are listed in Schedule 10: Creditors Who Have Claims Secured by Property, If more space is needed, copy the Part you need, fill out, number the entries in the bose on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Fart 1: | Official Form | 106F/F | | | | |
| Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unpropried leases that could result in a claim. Also list executory contracts on Schedule AB: Property Official Form 106(8) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106(6). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors With Darte Claims Secured Claims that are listed in Schedule D: Creditors With party colleges and the party of the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. 4.1 Natt Commerce Exchange Norphority Creditor's Name 400 Jericho Tyke. #115 Jericho, NY 11753 Namber Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only At least one of the debtors and another Check if this claim is for a community deb | | | ho Have Unser | cured Claims | | 12/15 |
| No. Go to Part 2. Yes. Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Total claim 4.1 Natl Commerce Exchange Nonpriority Creditor's Name 400 Jericho Tybe. #115 Jericho, NY 11753 Number Street City State ZIp Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 2 only Disputed At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? No Debtor 1 onfset? Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 2 only Debtor 3 onfset? | any executory contra Schedule G: Executo Schedule D: Creditor left. Attach the Continame and case numb Part 1: List All | acts or unexpired leases ory Contracts and Unexp rs Who Have Claims Sec nuation Page to this pag ber (if known). of Your PRIORITY Un | that could result in a clai ired Leases (Official Form ured by Property. If more e. If you have no informat secured Claims | m. Also list executory n 106G). Do not include space is needed, copy | contracts on Schedule A/B: Pr e any creditors with partially se the Part you need, fill it out, no | operty (Official Form 106A/B) and on cured claims that are listed in umber the entries in the boxes on the |
| Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. Yes. | 1. Do any creditors | s have priority unsecure | d claims against you? | | | |
| List All of Your NONPRIORITY Unsecured Claims No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. | No. Go to Par | rt 2. | | | | |
| 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Total claim 4.1 Natl Commerce Exchange Nonpriority Creditor's Name 400 Jericho Tyke. #115 Jericho, NY 11753 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Disputed At least one of the debtors and another At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debtor 1 onffset? Debtor 2 only Disputed Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debtor 2 only Debtor 3 as eparation agreement or divorce that you did not report as priority claims | | | | | | |
| A.1 Natl Commerce Exchange | Yes. 4. List all of your nunsecured claim, than one creditor | nonpriority unsecured cl., list the creditor separately | aims in the alphabetical o | order of the creditor who | no holds each claim. If a creditor t type of claim it is. Do not list clain | ms already included in Part 1. If more |
| A.1 Nati Commerce Exchange Last 4 digits of account number \$5,000.00 | Part 2. | | | | | Total claim |
| Nonpriority Creditor's Name 400 Jericho Tpke. #115 Jericho, NY 11753 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No When was the debt incurred? 2015 As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | A 1 Notl Com | mores Evolungs | Last A dio | uits of account number | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt In the claim subject to offset? No As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Debts to pension out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | | | its of account number | | \$5,000.00 |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt B the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | Jericho, | NY 11753 | When was | the debt incurred? | 2015 | |
| □ Debtor 1 only □ Contingent □ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed ■ At least one of the debtors and another □ Check if this claim is for a community debt □ Check if this claim subject to offset? □ Check if this claim subject to offset? □ Debts to pension or profit-sharing plans, and other similar debts | | | As of the | date you file, the claim | is: Check all that apply | |
| □ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed ■ At least one of the debtors and another □ Check if this claim is for a community debt □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ■ No □ Debts to pension or profit-sharing plans, and other similar debts | wno incurre | | - | | | |
| □ Debtor 1 and Debtor 2 only □ Disputed ■ At least one of the debtors and another □ Check if this claim is for a community debt □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ■ No □ Debts to pension or profit-sharing plans, and other similar debts | □ Dahtar 4 | • | | = | | |
| At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | • | | | | |
| ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ No ☐ Debts to pension or profit-sharing plans, and other similar debts | Debtor 2 | | □ Dispute | ed | | |
| debt Is the claim subject to offset? No Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | ☐ Debtor 2 ☐ Debtor 1 | | True of N | ONDDIODITY | ad alabas | |
| Is the claim subject to offset? ■ No Debts to pension or profit-sharing plans, and other similar debts | ☐ Debtor 2 ☐ Debtor 1 ■ At least 6 | one of the debtors and and | | | ed claim: | |
| | ☐ Debtor 2 ☐ Debtor 1 ■ At least 0 ☐ Check if | one of the debtors and and | nunity | nt loans | | t vou did not |
| ☐ Yes ☐ Other. Specify ☐ Bartered goods for business ☐ Other. | ☐ Debtor 2 ☐ Debtor 1 ☐ At least 0 ☐ Check if debt | one of the debtors and and | nunity Studen | nt loans tions arising out of a sep | | t you did not |
| | ☐ Debtor 2 ☐ Debtor 1 ■ At least of the Check if the claim | one of the debtors and and | nunity Studen Obligate report as p | nt loans tions arising out of a sep priority claims | paration agreement or divorce tha | |
| Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be | ☐ Debtor 2 ☐ Debtor 1 ☐ At least of a check if debt Is the claim ☐ No | one of the debtors and and | nunity Studen Goldigat report as p | nt loans tions arising out of a sep oriority claims to pension or profit-shari | paration agreement or divorce that | |
| notified for any debts in Parts 1 or 2, do not fill out or submit this page. | Debtor 2 Debtor 1 At least of Check if debt Is the claim No Yes Part 3: List Oth 5. Use this page only is trying to collect have more than or notified for any de | one of the debtors and and f this claim is for a common subject to offset? There is to be Notified Ab or if you have others to be from you for a debt you ne creditor for any of the | nunity Studen Obligate report as pure Other. Out a Debt That You A rotified about your bank owe to someone else, list debts that you listed in Pot fill out or submit this particular. | nt loans tions arising out of a sep priority claims to pension or profit-shari Specify Bartered g Iready Listed cruptcy, for a debt that to the original creditor i Parts 1 or 2, list the add age. | paration agreement or divorce that ing plans, and other similar debts goods for business you already listed in Parts 1 or in Parts 1 or 2, then list the coll ditional creditors here. If you do | For example, if a collection agency ection agency here. Similarly, if you |
| Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? | Debtor 2 Debtor 1 At least of Check if debt Is the claim No Yes Part 3: List Oth 5. Use this page only is trying to collect have more than or notified for any de Name and Address | one of the debtors and and f this claim is for a common subject to offset? There is to be Notified Ab or if you have others to be from you for a debt you ne creditor for any of the ebts in Parts 1 or 2, do not | nunity Studen Obligate report as pure Debts to Debts to Debt That You A count a Debt That You A count a Debt That You Is debts that you listed in Pot fill out or submit this part on which entry in the pure Debt That You Is debts that you listed in Pot fill out or submit this part on which entry in the pure Debt That You Is the | nt loans tions arising out of a sep priority claims to pension or profit-shari Specify Bartered g Iready Listed truptcy, for a debt that at the original creditor i Parts 1 or 2, list the add age. in Part 1 or Part 2 did yo | paration agreement or divorce that ing plans, and other similar debts goods for business you already listed in Parts 1 or in Parts 1 or 2, then list the coll ditional creditors here. If you do u list the original creditor? | 2. For example, if a collection agency ection agency here. Similarly, if you o not have additional persons to be |
| | Debtor 2 Debtor 1 At least of Check if debt Is the claim No Yes Part 3: List Oth 5. Use this page only is trying to collect have more than or notified for any de Name and Address David W. Chefe | f this claim is for a common subject to offset? There is to Be Notified Above if you have others to be if from you for a debt you he creditor for any of the lebts in Parts 1 or 2, do not c, P.C. | nunity Studen Obligate report as pure Debts to Debts to Debt That You A count a Debt That You A count a Debt That You Is debts that you listed in Pot fill out or submit this part on which entry in the pure Debt That You Is debts that you listed in Pot fill out or submit this part on which entry in the pure Debt That You Is the | nt loans tions arising out of a sep priority claims to pension or profit-shari Specify Bartered g Iready Listed cruptcy, for a debt that at the original creditor i Parts 1 or 2, list the add age. in Part 1 or Part 2 did yo eck one): | paration agreement or divorce that ing plans, and other similar debts goods for business you already listed in Parts 1 or in Parts 1 or 2, then list the coll ditional creditors here. If you do u list the original creditor? Part 1: Creditors with Priority L | 2. For example, if a collection agency ection agency here. Similarly, if you o not have additional persons to be |

Last 4 digits of account number

| Debtor 1 | Corbett P O'Connor | Case number (if know) | |
|----------|--------------------|-----------------------|--|
| | | _ ` ` ' | |

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | | Total Claim |
|--------------|-----|---|-----|----|-------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | - | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | 01 | On the other con- | 01 | | Total Claim |
| T | 6f. | Student loans | 6f. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 5,000.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 5,000.00 |

| Fill in this infor | | | | |
|---------------------|--------------------------|--------------------|------------|---------------------|
| Debtor 1 | Corbett P O'Conr | nor | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT O | F NEW YORK | |
| Case number | | | | |
| (if known) | | | | Check if this is an |
| | | | | amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- 2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| ı | Person or | company with Name, Number | whom you have th , Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-----------|------------------------------|---|---------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 | | | | | |
| | Name | | | | |
| | Number | Street | | | <u> </u> |
| | City | | State | ZIP Code | |

Official Form 106G

| Fill in th | nis information to identify you | case: | | |
|-----------------------------------|--|---|---|---|
| Debtor 1 | | | | |
| Dobtoi | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse if, | - | Middle Name | Last Name | |
| | States Bankruptcy Court for the: | EASTERN DISTRICT O | | |
| | , , | | | |
| Case nu (if known) | umber | | | ☐ Check if this is an |
| | | | | amended filing |
| ∩ffici | ial Form 106H | | | |
| | edule H: Your Cod | lahtars | | 12/15 |
| SCITE | dule II. Tour Coc | ienioi 2 | | 12/13 |
| people a ill it out our nar | are filing together, both are equency, and number the entries in the meand case number (if known | ually responsible for suppe boxes on the left. Attach i). Answer every question | olying correct information. If more the Additional Page to this page | e and accurate as possible. If two married e space is needed, copy the Additional Page, e. On the top of any Additional Pages, write |
| | No | | | |
| ■ Y | ⁄es | | | |
| | | | roperty state or territory? (Comminerto Rico, Texas, Washington, and | unity property states and territories include Wisconsin.) |
| | No. Go to line 3. | | | |
| □ Y | es. Did your spouse, former spo | ouse, or legal equivalent live | e with you at the time? | |
| | | | | |
| in li For | ine 2 again as a codebtor only | if that person is a guaran | tor or cosigner. Make sure you h | ouse is filing with you. List the person shown ave listed the creditor on Schedule D (Official chedule D, Schedule E/F, or Schedule G to file |
| | Column 1: Your codebtor | | Colum | an 2: The creditor to whom you owe the debt |
| | Name, Number, Street, City, State and 2 | ZIP Code | Check | all schedules that apply: |
| . . | | | | |
| 3.1 | Anne Gambina 186 North Herman Avenu | I P | | nedule D, line |
| | Bethpage, NY 11714 | | | nedule E/F, line nedule G |
| | | | | point Mortgage |
| | | | • | |
| | | | | |
| 3.2 | Marilyn O'Connor | | ■ Scl | nedule D, line 2.1 |
| | 186 North Herman Avenu Bethpage, NY 11714-4410 | | | nedule E/F, line |
| | Dompago, III 11114 441 | • | | nedule G point Mortgage |
| | | | Sneiij | John Mortgage |
| | | | | |
| 3.3 | Woodbridge Kitchens Inc | | | nedule D, line |
| | 186 North Herman Avenu Bethpage, NY 11714 | le | | nedule E/F, line4.1 |
| | Dompago, HI IIII | | | nedule G |
| | | | Nati C | Commerce Exchange |

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| Fill in this information to identify your | case: | | |
|--|-----------------------------|--|---|
| Debtor 1 Corbett P C | D'Connor | | |
| Debtor 2 (Spouse, if filling) | | | |
| United States Bankruptcy Court for th | e: EASTERN DISTRICT | OF NEW YORK | |
| Case number ((f known) | | - | Check if this is: An amended filing A supplement showing postpetition chapter 13 income as of the following date: |
| Official Form 106I | | | MM / DD/ YYYY |
| Schedule I: Your Inc | ome | | 12/15 |
| Part 1: Describe Employment 1. Fill in your employment information. | i | Debtor 1 | Debtor 2 or non-filing spouse |
| Information. If you have more than one job, | | ■ Employed | ☐ Employed |
| attach a separate page with information about additional | Employment status | ☐ Not employed | ■ Not employed |
| employers. | Occupation | Project Manager | |
| Include part-time, seasonal, or self-employed work. | Employer's name | Island Architectual Woodworking | |
| Occupation may include student or homemaker, if it applies. | Employer's address | 31 Howard Avenue Ronkonkoma, NY 11779 | |
| | How long employed t | here? 2 years | |
| Part 2: Give Details About Mo | onthly Income | | |
| Estimate monthly income as of the spouse unless you are separated. | date you file this form. If | you have nothing to report for any | line, write \$0 in the space. Include your non-filing |

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

Estimate and list monthly overtime pay.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

2. \$ 10,416.68 \$ 0.00

4. Calculate gross Income. Add line 2 + line 3.

4. \$ 10,416.68 \$ 0.00

Official Form 106I Schedule I: Your Income page 1

| Debt | or 1 | Corbett P O'Co | nnor | | | Case | number (if known) | | | |
|------|--------------|------------------------------|---------------------|--|----------------|-------------|-------------------|--------------|-----------------|--------|
| | | | | | | | | | | |
| | | | | | | Foi | Debtor 1 | | ebtor 2 or | |
| | Cor | vy lina 4 hora | | | 4. | \$ | 10 116 69 | | ling spouse | |
| | Cop | y line 4 here | | | 4. | Φ_ | 10,416.68 | - Φ | 0.00 | |
| 5. | List | all payroll deduct | ions: | | | | | | | |
| | 5a. | Tax, Medicare, a | and Social Secur | ity deductions | 5a | . \$ | 2,438.02 | \$ | 0.00 | |
| | 5b. | Mandatory cont | ributions for reti | rement plans | 5b | . \$ | 0.00 | | 0.00 | |
| | 5c. | Voluntary contr | ibutions for retir | ement plans | 5c. | \$_ | 0.00 | \$ | 0.00 | |
| | 5d. | Required repayı | ments of retirem | ent fund loans | 5d | . \$ | 0.00 | \$ | 0.00 | |
| | 5e. | Insurance | | | 5e | · · — | 1,297.36 | | 0.00 | |
| | 5f. | Domestic suppo | ort obligations | | 5f. | · · — | 0.00 | — — | 0.00 | |
| | 5g. | Union dues | 0 " | | 5g. | | 0.00 | | 0.00 | |
| _ | 5h. | Other deduction | | | 5h | _ | 0.00 | | 0.00 | |
| 6. | | | | 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$_ | 3,735.38 | | 0.00 | |
| 7. | Cal | culate total month | ly take-home pay | Subtract line 6 from line 4. | 7. | \$_ | 6,681.30 | _ \$ | 0.00 | |
| 8. | | all other income r | | | | | | | | |
| | 8a. | profession, or fa | | and from operating a business, | , | | | | | |
| | | | | rty and business showing gross | | | | | | |
| | | | | ousiness expenses, and the total | | | | | | |
| | 01 | monthly net incor | | | 8a | | 0.00 | | 0.00 | |
| | 8b. | Interest and div | | | 8b | . \$_ | 0.00 | _ \$ | 0.00 | |
| | 8c. | regularly receive | | ou, a non-filing spouse, or a dep | enaent | | | | | |
| | | Include alimony, | spousal support, | child support, maintenance, divorc | e | | | | | |
| | | | property settlemer | nt. | 8c. | | 0.00 | | 0.00 | |
| | 8d. | Unemployment | compensation | | 8d | · - | 0.00 | | 0.00 | |
| | 8e. | Social Security | | | 8e | . \$_ | 0.00 | _ \$ | 0.00 | |
| | 8f. | | | a t you regularly receive alue (if known) of any non-cash as | cictonco | | | | | |
| | | | | nps (benefits under the Suppleme | | | | | | |
| | | Nutrition Assistar | | ousing subsidies. | | | | | | |
| | _ | Specify: | | | 8f. | \$_ | 0.00 | | 0.00 | |
| | 8g. | Pension or retire | | | 8g | _ | 0.00 | | 0.00 | |
| | 8h. | | | Sister's Contribution | 8h | · · — | 1,400.00 | | 0.00 | |
| | | Mother's Cont | ribution | | | | 1,400.00 | <u> </u> | 0.00 | |
| 9. | Add | I all other income. | Add lines 8a+8b | +8c+8d+8e+8f+8g+8h. | 9. | \$ | 2,800.00 | \$ | 0.00 | |
| | | | | | | | | | | |
| 10. | Cal | culate monthly inc | ome. Add line 7 | + line 9. | 10. | \$ | 9,481.30 + \$ | | 0.00 = \$ 9,4 | 481.30 |
| | Add | the entries in line 1 | 10 for Debtor 1 an | d Debtor 2 or non-filing spouse. | | | , , , | | | |
| 11. | Stat | e all other regular | contributions to | the expenses that you list in So | chedule J. | | | | | |
| | Incl | ude contributions fro | om an unmarried | partner, members of your househo | | ndents | , your roommate | es, and | | |
| | | er friends or relative | | adadia la la constante de la | | la la da la | | -1-11-0-6 | - 4-4- 1 | |
| | | not include any amo cify: | ounts aiready incit | uded in lines 2-10 or amounts that | are not availa | ible to | pay expenses in | sted in Scri | 11. + \$ | 0.00 |
| | Орс | | | | | | | | | 0.00 |
| 12. | Add | I the amount in the | e last column of | line 10 to the amount in line 11. | The result is | the cor | nbined monthly | income. | | |
| | | | ne Summary of So | chedules and Statistical Summary | of Certain Lia | bilities | and Related Da | ta, if it | 12. \$ 9,4 | 481.30 |
| | app | lies | | | | | | | 12. \$ | +01.50 |
| | | | | | | | | | Combined | |
| 12 | Do. | vou expect an incr | rease or decrees | e within the year after you file th | is form? | | | | monthly in | come |
| ١٥. | 5 0) | No. | ease of decidas | e within the year after you file th | no iviili: | | | | | |
| | | Yes. Explain: | | | | | | | | |
| | ш | i oo. Expiairi. | | | | | | | | |

Official Form 106I Schedule I: Your Income page 2

| Fill | in this information to identify | your case: | | | | | |
|------------|--|---------------------------|--|-----------------------|------------------|-------------------|---|
| Deb | otor 1 Corbett P C |)'Connor | | | Check | c if this is: | |
| | | | | | _ | An amended filing | |
| | otor 2 ouse, if filing) | | | | | | ving postpetition chapter the following date: |
| Unit | ted States Bankruptcy Court for th | e: EASTE | RN DISTRICT OF NEW Y | ORK | <u> </u> | MM / DD / YYYY | |
| Cas | se number | | | | | | |
| (If k | (nown) | | | | | | |
| O: | fficial Form 106J | | | | I | | |
| | chedule J: Your | Exper | ises | | | | 12/1 |
| Be info | as complete and accurate a ormation. If more space is r mber (if known). Answer ev | s possible eeded, atta | If two married people ar ch another sheet to this | | | | |
| Par 1. | tt 1: Describe Your House Is this a joint case? | sehold | | | | | |
| • | No. Go to line 2. | | | | | | |
| | ☐ Yes. Does Debtor 2 live | in a separ | ate household? | | | | |
| | □ No | - | | | | | |
| | ☐ Yes. Debtor 2 m | ust file Offic | al Form 106J-2, <i>Expense</i> s | for Separate House | ehold of Debto | or 2. | |
| 2. | Do you have dependents | ? □ No | | | | | |
| | Do not list Debtor 1 and Debtor 2. | Yes. | Fill out this information for each dependent | Dependent's relation | | Dependent's age | Does dependent live with you? |
| | Do not state the | | | _ | | | □ No |
| | dependents names. | | | Son | | 10 | Yes |
| | | | | Son | | 13 | □ No ■ Yes |
| | | | | 3011 | | | ■ Yes □ No |
| | | | | | | | ☐ Yes |
| | | | | | | | □ No |
| 2 | Da varia armanaa inaliid | | | | | | ☐ Yes |
| 3. | Do your expenses include expenses of people other yourself and your dependence. | than | No Yes | | | | |
| Par | rt 2: Estimate Your Ongo | oing Month | y Expenses | | | | |
| exp | timate your expenses as of penses as of a date after the plicable date. | | | | | | |
| | lude expenses paid for with | | | | | | |
| | e value of such assistance a ficial Form 106l.) | nd have inc | cluded it on <i>Schedule I:</i>) | our Income | | Your exp | enses |
| 4. | The rental or home owner payments and any rent for | | • | nclude first mortgage | e 4. \$ | | 0.00 |
| | If not included in line 4: | ground c | | | · | | |
| | | | | | 4- 6 | | 0.00 |
| | 4a. Real estate taxes4b. Property, homeowne | r's or renter | 's insurance | | 4a. \$ 4b. \$ | | 0.00 0.00 |
| | 4c. Home maintenance, | | | | 4c. \$ | | 250.00 |
| | 4d. Homeowner's associ | | | | 4d. \$ | | 0.00 |
| 5. | Additional mortgage payr | nents for yo | our residence, such as ho | me equity loans | 5. \$ | | 0.00 |

| Debtor 1 C | orbett P O'Connor | Case num | ber (if known) | |
|-------------------------------|--|--------------|----------------|--------------------------|
| 4: 4: | | | | |
| i. Utilities 6a. El | : ectricity, heat, natural gas | 6a. | \$ | 600.00 |
| | ater, sewer, garbage collection | 6b. | \$ | 30.00 |
| | elephone, cell phone, Internet, satellite, and cable services | 6c. | | 300.00 |
| | ther. Specify: | 6d. | · | |
| | nd housekeeping supplies | 7. | \$ | 0.00 1,200.00 |
| | re and children's education costs | 7. 8. | \$ | |
| | | 9. | \$ | 125.00 |
| | g, laundry, and dry cleaning | | · | 200.00 |
| | al care products and services | 10. | \$ | 100.00 |
| | and dental expenses | 11. | \$ | 100.00 |
| | ortation. Include gas, maintenance, bus or train fare. Include car payments. | 12. | \$ | 300.00 |
| | inment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 150.00 |
| | ble contributions and religious donations | 14. | | 0.00 |
| 5. Insuran | • | 14. | Ψ | 0.00 |
| | nclude insurance deducted from your pay or included in lines 4 or 20. | | | |
| | fe insurance | 15a. | \$ | 103.00 |
| | ealth insurance | 15b. | · | 0.00 |
| | ehicle insurance | 15c. | · | 180.00 |
| | ther insurance. Specify: | 15d. | · | 0.00 |
| | Do not include taxes deducted from your pay or included in lines 4 or 20. | | * | 0.00 |
| Specify: | , , , | 16. | \$ | 0.00 |
| | ent or lease payments: | | * | 0.00 |
| | ar payments for Vehicle 1 | 17a. | \$ | 0.00 |
| | ar payments for Vehicle 2 | 17b. | · | 0.00 |
| | ther. Specify: Wife's car payment | 17c. | · | 316.00 |
| | ther. Specify: | 17d. | · | 0.00 |
| | lyments of alimony, maintenance, and support that you did not report a | | * | |
| | ed from your pay on line 5, Schedule I, Your Income (Official Form 1061). | | \$ | 0.00 |
| | ayments you make to support others who do not live with you. | | \$ | 0.00 |
| Specify: | | 19. | | |
|). Other re | eal property expenses not included in lines 4 or 5 of this form or on Sch | edule I: Yo | our Income. | |
| 20a. M | ortgages on other property | 20a. | \$ | 0.00 |
| 20b. R | eal estate taxes | 20b. | \$ | 0.00 |
| 20c. Pr | roperty, homeowner's, or renter's insurance | 20c. | \$ | 0.00 |
| 20d. M | aintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 |
| | omeowner's association or condominium dues | 20e. | \$ | 0.00 |
| 1. Other: S | | 21. | · . | 0.00 |
| | | | | 0.00 |
| | te your monthly expenses | | | |
| | d lines 4 through 21. | | \$ | 3,954.00 |
| 22b. Co | by line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | |
| 22c. Add | d line 22a and 22b. The result is your monthly expenses. | | \$ | 3,954.00 |
| 0-1 | to very manufally met in a sure | | | · |
| | te your monthly net income. | 00. | Φ. | 0 101 00 |
| | opy line 12 (your combined monthly income) from Schedule I. | 23a. | | 9,481.30 |
| 23b. C | opy your monthly expenses from line 22c above. | 23b. | -\$ | 3,954.00 |
| 00 - 0 | the state of the s | | | |
| | ubtract your monthly expenses from your monthly income. | 23c. | \$ | 5,527.30 |
| Ir | ne result is your monthly net income. | 200. | Ŧ | -, |
| 4 Do you | expect an increase or decrease in your expenses within the year after y | ou file this | form? | |
| | ple, do you expect to finish paying for your car loan within the year or do you expect you | | | or decrease because of a |
| | ion to the terms of your mortgage? | | , ., | |
| ■ No. | | | | |
| ☐ Yes. | Explain here: | | | |

| Fill in this | information to identify your | case: | | | |
|--------------------------------|---|--------------------------|------------------------------|-----------------------|--|
| Debtor 1 | Corbett P O'Conr | or | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing | g) First Name | Middle Name | Last Name | | |
| United State | es Bankruptcy Court for the: | EASTERN DISTRICT O | OF NEW YORK | | |
| Case numb | per | | | | |
| (if known) | | | | | ☐ Check if this is an amended filing |
| | | | | | |
| | Form 106Dec | | | | |
| Decla | ration About a | ın Individual | Debtor's Sch | nedules | 12/15 |
| Did yo | Sign Below ou pay or agree to pay some | one who is NOT an atto | rney to help you fill out ba | nkruptcy forms? | |
| ■ N | No | | | | |
| □ Y | es. Name of person | | | | uptcy Petition Preparer's Notice, and Signature (Official Form 119) |
| | penalty of perjury, I declare ey are true and correct. | that I have read the sum | nmary and schedules filed | with this declaration | and |
| X /s/ | / Corbett P O'Connor | | X | | |
| | orbett P O'Connor gnature of Debtor 1 | | Signature of D | Pebtor 2 | |
| Da | June 16, 2017 | | Date | | |
| | | | | | |

Official Form 106Dec

| Fil | l in this inforn | nation to identify you | case: | | | |
|------------------|---|---|--|--|---|---|
| De | ebtor 1 | Corbett P O'Con | | | | |
| De | ebtor 2 | First Name | Middle Name | Last Name | | |
| | ouse if, filing) | First Name | Middle Name | Last Name | | |
| Un | ited States Ba | nkruptcy Court for the: | EASTERN DISTRICT OF | NEW YORK | | |
| Ca | ise number | | | | | |
| (if k | (nown) | | | | _ | Check if this is an amended filing |
| \bigcirc | fficial Fo | rm 107 | | | | |
| | | | Affairs for Individ | duals Filing for B | ankruptcy | 4/16 |
| info nur | ormation. If m | ore space is needed, n). Answer every ques | attach a separate sheet to | this form. On the top of any | equally responsible for sup additional pages, write yo | |
| 1. | What is you | r current marital statu | s? | | | |
| | MarriedNot mar | ried | | | | |
| 2. | During the la | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ No | | | | | |
| | _ | t all of the places you li | ved in the last 3 years. Do no | ot include where you live now | <i>'</i> . | |
| | Debtor 1 Pr | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| 3. sta | | | | | ity property state or territor co, Texas, Washington and V | |
| | ■ No | | | | | |
| | ☐ Yes. Ma | ke sure you fill out Sch | nedule H: Your Codebtors (O | fficial Form 106H). | | |
| Pa | rt 2 Explai | n the Sources of You | r Income | | | |
| 4. | Fill in the total | al amount of income yo | u received from all jobs and a | g a business during this yeall businesses, including parter together, list it only once ur | | ndar years? |
| | □ No ■ Yes. Fill | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year until d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$50,000.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Official Form 107

| De | ebtor 1 Co | orbett P O'Conn | or | | Ca | se number (if known) | | |
|----|--------------------------------|---|--|---|---|--|---|---|
| | | | | | | | | |
| | | | Debtor 1 | | | Debtor 2 | | |
| | | | Sources o Check all the | | Gross income (before deductions and exclusions) | Sources of inc Check all that a | | Gross income (before deductions and exclusions) |
| | r last caler anuary 1 to | ndar year: December 31, 201 | Wages, bonuses, ti | commissions, ps | \$107,497.00 | ☐ Wages, combonuses, tips | | |
| | | | ☐ Operatii | ng a business | | ☐ Operating a | business | |
| | | dar year before th December 31, 201 | | commissions, | \$100,000.00 | ☐ Wages, combonuses, tips | ımissions, | |
| | | | ☐ Operation | ng a business | | ☐ Operating a | business | |
| | and other winnings. List each | public benefit payn If you are filing a jo | nents; pensions; rel pint case and you ha | ntal income; intere ave income that yo | mples of other income are set; dividends; money colle ou received together, list it sely. Do not include income | cted from lawsuits; only once under D | royalties; and ebtor 1. | |
| | | | Debtor 1 | | | Debtor 2 | | |
| | | | Sources of Describe be | | Gross income from each source (before deductions and exclusions) | Sources of inc Describe below | | Gross income (before deductions and exclusions) |
| Pa | rt 3: Lis | t Certain Payment | s You Made Befor | e You Filed for B | ankruptcy | | | |
| 6. | □ No. | Neither Debtor 1 individual primaril During the 90 day No. Go to Yes List be paid not in * Subject to adju Debtor 1 or Debt During the 90 day No. Go to Yes List be included. | ly for a personal, fa ys before you filed for line 7. pelow each creditor, both on that creditor. Do not not lude payments to stment on 4/01/19 at tor 2 or both have ys before you filed for 1. pelow each creditor. | primarily consurmily, or household or bankruptcy, did to whom you paid it include payment an attorney for this and every 3 years primarily consum or bankruptcy, did to whom you paid mestic support oblance. | mer debts. Consumer debt I purpose." you pay any creditor a tot a total of \$6,425* or more s for domestic support oblis bankruptcy case. after that for cases filed or | al of \$6,425* or mo | ore? yments and the control of adjustment. yments and the control of adjustment. yments and the control of adjustment. | ne total amount you nd alimony. Also, do |
| | Creditor | 's Name and Addr | ress | Dates of paymen | t Total amount | Amount you still owe | Was this p | payment for |
| | 400 Jer | mmerce Exchar icho Tpke. #115 , NY 11753 | | Various within last 90 days | | \$5,000.00 | | Card |

| Deb | ebtor 1 Corbett P O'Connor | | Cas | e number (if known) | | |
|-----|---|---|--|--|---------------------------------|---|
| | | | | | | |
| 7. | Insiders include your relatives; any of which you are an officer, directo | or bankruptcy, did you make a paymy general partners; relatives of any geror, person in control, or owner of 20% coroprietor. 11 U.S.C. § 101. Include pa | neral partners; partners or more of their voting | erships of which yo g securities; and a | u are a genera ny managing a | I partner; corporations gent, including one fo |
| | ■ No□ Yes. List all payments to an ir | nsider. | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| 8. | insider? Include payments on debts guaran | r bankruptcy, did you make any pay | ments or transfer a | ny property on a | ccount of a de | ebt that benefited an |
| | NoYes. List all payments to an ir | nsider | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| Par | rt 4: Identify Legal Actions, Re | possessions, and Foreclosures | | | | |
| | , , , , , , , , , , , , , , , , , , , | | | | | |
| 9. | List all such matters, including persondifications, and contract dispute | r bankruptcy, were you a party in ar sonal injury cases, small claims action es. | ny lawsuit, court ac is, divorces, collectio | n suits, paternity a | ctions, support | ing? or custody |
| | □ No ■ Yes Fill in the details | | | | | |
| | Yes. Fill in the details. Case title | Nature of the case | Court or agency | | Status of th | a casa |
| | Case number | Nature of the case | Court of agency | | Status Of the | e case |
| | Wells Fargo v. O'Connor et a 7148/2012 | al Foreclosure of a mortgage | Nassau Suprer 100 Supreme C Mineola, NY 11 | ourt Drive | ☐ Pending ☐ On appe ☐ Conclude | |
| 10. | Within 1 year before you filed for Check all that apply and fill in the co | r bankruptcy, was any of your prop details below. | erty repossessed, f | oreclosed, garnis | shed, attached | l, seized, or levied? |
| | No. Go to line 11.Yes. Fill in the information be | olow. | | | | |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the |
| | | Explain what happene | d | | | property |
| 11. | | for bankruptcy, did any creditor, inc ayment because you owed a debt? | luding a bank or fir | nancial institution | ı, set off any a | mounts from your |
| | Creditor Name and Address | Describe the action the | e creditor took | Date taken | action was | Amount |
| 12. | Within 1 year before you filed for court-appointed receiver, a cust ■ No □ Yes | r bankruptcy, was any of your propodical, or another official? | erty in the possessi | ion of an assigne | e for the bene | fit of creditors, a |

| Deb | otor 1 Corbett P O'Connor | Case number (if known) | | | | |
|-----|---|---|---|--------------------------|--|--|
| | | | | | | |
| | | | | | | |
| Par | t 5: List Certain Gifts and Contributions | | | | | |
| 13. | Within 2 years before you filed for bankruptcy ■ No | did you give any gifts with a total value of more t | han \$600 per person′ | ? | | |
| | ☐ Yes. Fill in the details for each gift. | | | | | |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | Dates you gave the gifts | Value | | |
| | Person to Whom You Gave the Gift and Address: | | | | | |
| 14. | ■ No | did you give any gifts or contributions with a tota | l value of more than | \$600 to any charity? | | |
| | Yes. Fill in the details for each gift or contribu | | _ | | | |
| | Gifts or contributions to charities that total more than \$600 Charities Name | Describe what you contributed | Dates you contributed | Value | | |
| | Address (Number, Street, City, State and ZIP Code) | | | | | |
| Par | t 6: List Certain Losses | | | | | |
| | or gambling? | or since you filed for bankruptcy, did you lose any | thing because of thef | t, fire, other disaster, | | |
| | ■ No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | how the loss occurred Include | ribe any insurance coverage for the loss de the amount that insurance has paid. List pending ance claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost | | |
| | | | | | | |
| Par | t 7: List Certain Payments or Transfers | | | | | |
| | consulted about seeking bankruptcy or prepare | did you or anyone else acting on your behalf pay or ring a bankruptcy petition? ers, or credit counseling agencies for services require | | rty to anyone you | | |
| | □ No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | | December and value of any manager. | Data navenant | Amazunt af | | |
| | Person Who Was Paid Address Email or website address | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | |
| | Person Who Made the Payment, if Not You | | | | | |
| | Michael A. Kinzer 100 Broadhollow Rd. Ste. 205 Farmingdale, NY 11735 | Attorney Fees | Various | \$3,000.00 | | |
| | | | | | | |
| 17. | Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors Do not include any payment or transfer that you li | | or transfer any prope | rty to anyone who | | |
| | ■ No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Person Who Was Paid | Description and value of any property | Date payment | Amount of | | |
| | Address | transferred | or transfer was | payment | | |

Debtor 1 Corbett P O'Connor

Case number (if known)

| 18. | Within 2 years before you filed for bankrupto transferred in the ordinary course of your but Include both outright transfers and transfers may include gifts and transfers that you have already No Yes. Fill in the details. | siness or financial affa de as security (such as t | nirs? he granting of a se | | • | |
|-----|---|---|------------------------------|--|--------------|---|
| | Person Who Received Transfer Address Person's relationship to you | Description and v property transferr | | Describe any property payments received or paid in exchange | | Date transfer was nade |
| 19. | Within 10 years before you filed for bankrupt beneficiary? (These are often called asset-prot No ☐ Yes. Fill in the details. | | y property to a se | elf-settled trust or similar | device of v | which you are a |
| | Name of trust | Description and v | alue of the prope | rty transferred | | Date Transfer was |
| Par | t 8: List of Certain Financial Accounts, Inst | ruments, Safe Deposit | Boxes, and Stor | age Units | | |
| 20. | sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associated No | other financial accour | nts; certificates o | • | • | |
| | | Last 4 digits of account number | Type of accountinstrument | t or Date account w closed, sold, moved, or transferred | as | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 yo cash, or other valuables? No Yes. Fill in the details. | ear before you filed for | bankruptcy, any | safe deposit box or othe | r depositor | ry for securities, |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, State and ZIP Code) | | escribe the contents | | Do you still have it? |
| 22. | Have you stored property in a storage unit or | place other than your | home within 1 ye | ear before you filed for ba | ankruptcy? | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, State and ZIP Code) | | escribe the contents | | Do you still have it? |
| Par | t 9: Identify Property You Hold or Control f | or Someone Else | | | | |
| 23. | Do you hold or control any property that son for someone. No Yes. Fill in the details. | neone else owns? Inclu | ude any property | you borrowed from, are s | storing for, | or hold in trust |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | escribe the property | | Value |
| Par | t 10: Give Details About Environmental Info | , | | | | |
| For | the purpose of Part 10, the following definitio | ns apply: | | | | |

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy page 5

Debtor 1 Corbett P O'Connor

Case number (if known)

toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and know it Address (Number, Street, City, State and ZIP Code) ZIP Code) 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Name of site Governmental unit Environmental law, if you Date of notice Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Yes. Fill in the details. **Case Title** Court or agency Nature of the case Status of the **Case Number** Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) ■ A partner in a partnership ☐ An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12.

Official Form 107

Business Name

(Number, Street, City, State and ZIP Code)

Millwork Designs Corp

186 North Herman Ave

Bethpage, NY 11714

Address

Describe the nature of the business

Name of accountant or bookkeeper

architectural design

Yes. Check all that apply above and fill in the details below for each business.

n/a

Employer Identification number

47-1074861

inactive)

Dates business existed

EIN:

From-To

Do not include Social Security number or ITIN.

6/4/14 thru present (presently

| Debtor | Corbett P O'Connor | | Case number (if known) | |
|----------------------------|---|---|--|-------------|
| | ithin 2 years before you filed for ban stitutions, creditors, or other parties | | ent to anyone about your business? Include al | I financial |
| | Yes. Fill in the details below. | | | |
| A | ame ddress lumber, Street, City, State and ZIP Code) | Date Issued | | |
| Part 1 | 2: Sign Below | | | |
| 18 U.S. /s/ Co Corbe | C. §§ 152, 1341, 1519, and 3571. orbett P O'Connor ett P O'Connor | up to \$250,000, or imprisonment for up t | 20 years, or both. | |
| _ | ture of Debtor 1 June 16, 2017 | Date | | |
| Did you ■ No □ Yes | u attach additional pages to <i>Your Sta</i> | atement of Financial Affairs for Individua | nls Filing for Bankruptcy (Official Form 107)? | |
| Did you ■ No | u pay or agree to pay someone who | s not an attorney to help you fill out ba | kruptcy forms? | |
| ☐ Yes. | Name of Person Attach the Ba | ankruptcy Petition Preparer's Notice, Decla | ration, and Signature (Official Form 119). | |

| Fill in this inforn | nation to identify your case: | |
|---------------------------------|---|--|
| Debtor 1 | Corbett P O'Connor | |
| Debtor 2 (Spouse, if filing) | | |
| United States B | ankruptcy Court for the: Eastern District of New York | |
| Case number (if known) | | |

| Check | as directed in lines 17 and 21: |
|-------|--|
| | ording to the calculations required by this ement: |
| | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). |
| | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). |
| | 3. The commitment period is 3 years. |
| | 4. The commitment period is 5 years. |

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - ☐ Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

| | | | | umn A tor 1 | Columbo Debtor non-fil | |
|--|------------------|-----------------------|--------------------------------|--------------------|------------------------|------|
| Your gross wages, salary, tips, bonuses, overtime payroll deductions). | , and c | ommissio | ons (before all | \$ 10,417.00 | \$ | 0.00 |
| Alimony and maintenance payments. Do not include Column B is filled in. | e paym | ents from | a spouse if | \$ 0.00 | \$ | 0.00 |
| All amounts from any source which are regularly profit you or your dependents, including child support from an unmarried partner, members of your househo and roommates. Include regular contributions from a stilled in. Do not include payments you listed on line 3. Net income from operating a business, | t. Includ | de regulai depende | contributions nts, parents, | \$ 3,337.00 | \$ | 0.00 |
| profession, or farm | Debto | r 1 | | | | |
| Gross receipts (before all deductions) | \$_ | 0.00 | | | | |
| Ordinary and necessary operating expenses | -\$ | 0.00 | | | | |
| Net monthly income from a business, profession, or fa | rm \$ | 0.00 | Copy here -> | \$ 0.00 | \$ | 0.00 |
| Net income from rental and other real property | Debto | r 1 | | | | |
| Gross receipts (before all deductions) | \$_ | 0.00 | | | | |
| Ordinary and necessary operating expenses | -\$ | 0.00 | | | | |
| Net monthly income from rental or other real property | \$ | 0.00 | Copy here -> | \$ 0.00 | \$ | 0.00 |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

Case number (if known)

| | | | Column A | | Column B | | |
|-----------|--|--------------|--------------|------------|----------------|----------------------|------|
| | | | Debtor 1 | | Debtor 2 o | | |
| 7 | Interest, dividends, and royalties | | \$ | 0.00 | \$ | 0.00 | |
| | Unemployment compensation | | \$ | 0.00 | \$ | 0.00 | |
| | Do not enter the amount if you contend that the amount received was a benethe Social Security Act. Instead, list it here: | efit under | • | | · | | |
| | | .00 | | | | | |
| | | .00 | | | | | |
| 9. | Pension or retirement income. Do not include any amount received that w benefit under the Social Security Act. | as a | \$ | 0.00 | \$ | 0.00 | |
| 10. | Income from all other sources not listed above. Specify the source and a Do not include any benefits received under the Social Security Act or payme received as a victim of a war crime, a crime against humanity, or international domestic terrorism. If necessary, list other sources on a separate page and potal below. | nts al or | | | | | |
| | | | \$ | 0.00 | \$ | 0.00 | |
| | | | \$ | 0.00 | \$ | 0.00 | |
| | Total amounts from separate pages, if any. | + | \$ | 0.00 | \$ | 0.00 | |
| 11. | Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. | \$1 | 3,754.00 | + \$ | 0.00 | = \$ 13,75 | 4.00 |
| | | | | | | Total avera | |
| Part | 2: Determine How to Measure Your Deductions from Income | | | | | • | |
| 12. 13 | Copy your total average monthly income from line 11. Calculate the marital adjustment. Check one: | | | | | \$13,75 | 4.00 |
| | ☐ You are not married. Fill in 0 below. | | | | | | |
| | ☐ You are married and your spouse is filing with you. Fill in 0 below. | | | | | | |
| | You are married and your spouse is not filing with you. | | | | | | |
| | Fill in the amount of the income listed in line 11, Column B, that was NO dependents, such as payment of the spouse's tax liability or the spouse | | | | | | |
| | Below, specify the basis for excluding this income and the amount of in adjustments on a separate page. | come de | voted to eac | h purpose. | . If necessary | , list additional | |
| | If this adjustment does not apply, enter 0 below. | | | | | | |
| | | _ \$ | | | | | |
| | | _ \$ | | | | | |
| | | _ +\$ | | _ | | | |
| | Total | \$ | 0.0 | 00 Co | py here=> | | 0.00 |
| 11 | | | | | | | 4.00 |
| 14. | Your current monthly income. Subtract line 13 from line 12. | | | | | \$ 13,75 | |
| 14. | | S: | | | | \$13,75 | |
| | Calculate your current monthly income for the year. Follow these steps | | | | | \$ 13,75 \$ 13,75 | |
| | Calculate your current monthly income for the year. Follow these steps 15a. Copy line 14 here=> | | | | | \$13,75 | |
| | Calculate your current monthly income for the year. Follow these steps | | | | | 12.75 | 4.00 |

Corbett P O'Connor

Debtor 1

| Debt | or 1 | Corl | pett P O'Connor | | | Case number (if known) | | |
|------|-------|-----------|--|-----------------|--------------|---|-----------------|-------------------|
| 16 | . Cal | culate | the median family income that applies to | you. Fol | llow these | steps: | | |
| | 16a | . Fill in | the state in which you live. | | NY | <u> </u> | | |
| | 16h | Fill in | the number of people in your household. | | 4 | | | |
| | | | the median family income for your state and | | | | ¢ | 91,998.00 |
| | 100 | To fir | nd a list of applicable median income amount actions for this form. This list may also be available. | ts, go on | line using t | the link specified in the separate | Φ_ | |
| 17 | . Hov | _ | ne lines compare? | | | | | |
| | 17a | _ | Line 15b is less than or equal to line 16c. (11 U.S.C. § 1325(b)(3). Go to Part 3. Do N | NOT fill o | out Calcula | ation of Your Disposable Income (Official | Form 122C-2 | 2). |
| | 17b | . • | Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calc your current monthly income from line 14 a | ulation | | | | |
| Par | t 3: | Cal | culate Your Commitment Period Under 11 | U.S.C. | § 1325(b)(| 4) | | |
| 18. | Cop | y you | r total average monthly income from line | 11 | | | \$ | 13,754.00 |
| 19. | con | tend th | e marital adjustment if it applies. If you are not calculating the commitment period under noome, copy the amount from line 13. | e married | d, your spo | ouse is not filing with you, and you | | |
| | 19a | . If the | marital adjustment does not apply, fill in 0 or | n line 19a | a. | | - \$ | 0.00 |
| | | | | | | | | |
| | 19b | . Subt | ract line 19a from line 18. | | | | \$ | 13,754.00 |
| 20. | Cal | culate | your current monthly income for the year | . Follow | these ste | ps: | | |
| | 20a | . Сору | line 19b | | | | \$_ | 13,754.00 |
| | | Multi | oly by 12 (the number of months in a year). | | | | 2 | x 12 |
| | | | | | | | | |
| | 20b | . The r | esult is your current monthly income for the y | year for t | this part of | the form | \$_ | 165,048.00 |
| | | | | | | | | |
| | | | | | | | | |
| | 20c | . Сору | the median family income for your state and | l size of l | household | from line 16c | \$_ | 91,998.00 |
| | 21. | How | do the lines compare? | | | | | |
| | | _ | Line 20b is less than line 20c. Unless otherw | iso ordo | rad by the | court on the ten of page 1 of this form of | shock hov 2 | The commitment |
| | | | period is 3 years. Go to Part 4. | ise orde | red by the | court, on the top of page 1 of this form, c | TIECK DOX 3, | THE COMMUNICITIES |
| | | | Line 20b is more than or equal to line 20c. Un commitment period is 5 years. Go to Part 4. | nless oth | nerwise ord | dered by the court, on the top of page 1 c | of this form, c | heck box 4, The |
| Par | t 4: | Sig | n Below | | | | | |
| | By s | signing | here, under penalty of perjury I declare that | the infor | mation on | this statement and in any attachments is | true and cor | rect. |
|) | (/s/ | Cork | ett P O'Connor | | | | | |
| _ | Co | rbett | P O'Connor | | | | | |
| | • | • | e of Debtor 1 ne 16, 2017 | | | | | |
| | Dall | | / DD / YYYY | | | | | |
| | If yo | u che | cked 17a, do NOT fill out or file Form 122C-2 | 2. | | | | |
| | If yo | u che | cked 17b, fill out Form 122C-2 and file it with | this form | n. On line 3 | 39 of that form, copy your current monthly | y income fron | n line 14 above. |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

| Fill in | this information to id | dentify you | r case: | | | | | | |
|-----------------|--|---------------------------|-----------------------------------|-------------------------------------|-------------------------------|--|----------------|--------------------|------------|
| Debto | r 1 Corbett P | O'Connor | | | | | | | |
| Debto (Spou | r 2 se, if filing) | | | | | | | | |
| United | l States Bankruptcy Co | ourt for the: | Eastern Dist | rict of New York | | | | | |
| Case (if kno | number wn) | | | | | | ☐ Check if t | this is an amend | led filing |
| | I Form 122C-2 Ipter 13 Calc | ulatio | n of You | ır Dispos | sable II | ncome | | | 04/16 |
| | out this form, you wil | | | opy of Chapter | 13 Stateme | ent of Your Current | Monthly Inc | ome and Calcula | ition of |
| space | complete and accuraris needed, attach a sonal pages, write your | eparate she r name and | eet to this for case numbe | m, Include the li r (if known). | | | | | |
| raiti | Calculate four | Deductions | s iroini rour ii | Icome | | | | | |
| the | e Internal Revenue Se questions in lines 6- ormation may also be | 15. To find | the IRS stand | lards, go online | using the | | | | |
| exp | duct the expense amou enses if they are higher C-1, and do not deduc | er than the s | tandards. Do r | not include any o | perating exp | penses that you subt | racted from i | ncome in lines 5 a | |
| If yo | our expenses differ from | m month to i | month, enter th | he average expe | nse. | | | | |
| Not | e: Line numbers 1-4 ar | e not used i | n this form. Th | nese numbers ap | pply to inform | nation required by a | similar form (| used in chapter 7 | cases. |
| 5. | The number of peop | ole used in | determining | your deductions | s from inco | me | | | |
| | Fill in the number of plus the number of at the number of people | ny additiona | l dependents | | | | | 4 | |
| Nat | ional Standards | You mu | ıst use the IRS | S National Standa | ards to ansv | wer the questions in l | ines 6-7. | | |
| 6. | Food, clothing, and Standards, fill in the o | | | | | d in line 5 and the IRS | S National | \$ | 1,650.00 |
| 7. | Out-of-pocket healt the dollar amount for people who are 65 or higher than this IRS a | out-of-pock olderbeca | et health care. ause older ped | . The number of pople have a higher | people is sp er IRS allowa | olit into two categories ance for health car co | speople wh | o are under 65 ar | nd |

Official Form 22C-2

| tor 1 | Sorbett P O'Connor | | Case number (if known) |
|----------|--|--|--|
| People v | who are under 65 years of age | | |
| 7a. | Out-of-pocket health care allowance per person | \$ 49 | |
| 7b. | Number of people who are under 65 | X 4 | |
| 7c. | Subtotal. Multiply line 7a by line 7b. | \$ 196.00 | Copy here=> \$196.00 |
| eople v | who are 65 years of age or older | | |
| 7d. | Out-of-pocket health care allowance per person | \$ 117 | |
| 7e. | Number of people who are 65 or older | x | |
| 7f. | Subtotal. Multiply line 7d by line 7e. | \$ 0.00 | Copy here=> \$ |
| 7g. | Total. Add line 7c and line 7f | \$ | 196.00 Copy total here=> \$ 196.00 |
| 1.04 | | | |
| Based o | andards You must use the IRS Local Standards to information from the IRS, the U.S. Trustee Prototcy purposes into two parts: | • | |
| _ | sing and utilities - Insurance and operating expen | 200 | |
| _ | sing and utilities - Mortgage or rent expenses | 303 | |
| | | e Program chart. To f | ind the chart, go online using the link specified in the |
| eparate | e instructions for this form. This chart may also k using and utilities - Insurance and operating exp the dollar amount listed for your county for insurance | ne available at the ban enses: Using the numb | akruptcy clerk's office. per of people you entered in line 5, fill |
| | using and utilities - Mortgage or rent expenses: | · | |
| | Using the number of people you entered in line 5, listed for your county for mortgage or rent expense | | \$3,077.00 |
| 9b. | Total average monthly payment for all mortgages a | and other debts secure | d by your home. |
| | To calculate the total average monthly payment, a contractually due to each secured creditor in the 6 for bankruptcy. Next divide by 60. | | |
| | Name of the creditor | Average month payment | nly |
| | Shellpoint Mortgage | \$ 5,047 | 7.00 |
| | 9b. Total average monthly paymen | s\$ | 7.00 Copy here=> -\$ 5,047.00 Repeat this amount on line 33a. |
| 9c. | Net mortgage or rent expense. | | |
| | Subtract line 9b (total average monthly payment) for rent expense). If this number is less than \$0, en | , , , | \$ |
| | ou claim that the U.S. Trustee Program's division | | |

Case number (if known)

| 11. | Local transportation expenses: Check the number of vehi | icles for which you claim | an ownership o | or operating | expense. | |
|------|--|---|------------------------|--------------|---------------------------------------|--------|
| | ☐ 0. Go to line 14. | | | | | |
| | ☐ 1. Go to line 12. | | | | | |
| | ■ 2 or more. Go to line 12. | | | | | |
| 12. | Vehicle operation expense: Using the IRS Local Standard | | | | | 598.00 |
| 10 | operating expenses, fill in the <i>Operating Costs</i> that apply for | , | • | | · | |
| 13. | Vehicle ownership or lease expense: Using the IRS Loca You may not claim the expense if you do not make any loan more than two vehicles. | | | | | |
| Ve | hicle 1 Describe Vehicle 1: | | | | | |
| 13a. | Ownership or leasing costs using IRS Local Standard | | \$ | 0.00 | | |
| | Average monthly payment for all debts secured by Vehicle 1 | | · —— | | | |
| | Do not include costs for leased vehicles. | | | | | |
| | To calculate the average monthly payment here and on line are contractually due to each secured creditor in the 60 mor bankruptcy. Then divide by 60. | | ıt | | | |
| | Name of each creditor for Vehicle 1 | Average monthly payment | | | | |
| | -NONE- | \$ | | | | |
| | Total Average Monthly Payment | \$ | Copy here => -\$ | 0 | Repeat this amount on line 33b. | |
| 13c. | Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this number is less than \$6 | 0, enter \$0 | . \$ | 0.00 | Copy net Vehicle 1 expense here => \$ | 0.00 |
| Ve | hicle 2 Describe Vehicle 2: | | | | | |
| 13d | Ownership or leasing costs using IRS Local Standard | | \$ | 0.00 | | |
| 13e. | Average monthly payment for all debts secured by Vehicle 2 leased vehicles. | 2. Do not include costs fo | r | | | |
| | Name of each creditor for Vehicle 2 | Average monthly payment | | | | |
| | -NONE- | \$ | | | | |
| | Total average monthly payment | \$ | Copy here => -\$ | 0.00 | Repeat this amount on line 33c. | |
| 13f | Net Vehicle 2 ownership or lease expense | | | | Copy net | |
| 101. | Subtract line 13e from line 13d. if this number is less than \$6 | 0, enter \$0 | \$ | 0.00 | Vehicle 2 expense here | 0.00 |
| 14. | Public transportation expense: If you claimed 0 vehicles Public Transportation expense allowance regardless of | | | | the \$ | 0.00 |
| 15. | Additional public transportation expense: If you claimed also deduct a public transportation expense, you may fill in a not claim more than the IRS Local Standard for <i>Public Trans</i> | 1 or more vehicles in line what you believe is the ap | e 11 and if you | claim that y | ou may | 0.00 |

Corbett P O'Connor

Debtor 1

Case number (if known)

| Oth | er Necessary Expenses In addition to the expense deductions listed above, you are allowed your monthly expense | s for | | | | | |
|-----|--|-------|----------|--|--|--|--|
| 16. | the following IRS categories. Taxes: The total monthly amount that you will actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. | | | | | | |
| | Do not include real estate, sales, or use taxes. | \$ | 1,785.00 | | | | |
| 17. | Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. | Φ. | 0.00 | | | | |
| | Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings. | \$_ | 0.00 | | | | |
| 18. | Life Insurance: The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term. | \$ | 103.00 | | | | |
| 19. | Court-ordered payments: The total monthly amount that you pay as required by the order of a court or | | | | | | |
| | administrative agency, such as spousal or child support payments. Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35. | \$ | 0.00 | | | | |
| 20. | Education: The total monthly amount that you pay for education that is either required: | _ | | | | | |
| | as a condition for your job, or | | | | | | |
| | for your physically or mentally challenged dependent child if no public education is available for similar services. | \$ | 0.00 | | | | |
| 21. | Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. | \$ | 0.00 | | | | |
| 22. | Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25. | \$ | 0.00 | | | | |
| 23. | 3. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. | | | | | | |
| 24. | Add all of the expenses allowed under the IRS expense allowances. Add lines 6 through 23. | \$ | 5,127.00 | | | | |
| Add | itional Expense Deductions These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. | | | | | | |
| 25. | Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, your dependents. | or | | | | | |
| | Health insurance \$1,297.00 | | | | | | |
| | Disability insurance \$ 0.00 | | | | | | |
| | Health savings account + \$ | | | | | | |
| | Total \$1,297.00 Copy total here=> | \$ | 1,297.00 | | | | |
| | Do you actually spend this total amount? No. How much do you actually spend? | | | | | | |
| | Yes \$ | | | | | | |
| 26. | Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b) | \$ | 0.00 | | | | |
| 27. | Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. | _ | | | | | |
| | By law, the court must keep the nature of these expenses confidential. | \$ | 0.00 | | | | |

Corbett P O'Connor

Debtor 1

| ebtor 1 | Corbett P O'Connor | Case number (if known) | | | | | | |
|--------------|--|---|----------------|------------|--|--|--|--|
| | Additional home energy costs. Your hom line 8. | ne energy costs are included in your insurance and operating expenses on | | | | | | |
| | If you believe that you have home energy c 8, then fill in the excess amount of home er | costs that are more than the home energy costs included in expenses on line energy costs |) | | | | | |
| | You must give your case trustee document amount claimed is reasonable and necessary | ation of your actual expenses, and you must show that the additional ary. | \$_ | 0.00 | | | | |
| | | dren who are younger than 18. The monthly expenses (not more than expendent children who are younger than 18 years old to attend a private or | | | | | | |
| | You must give your case trustee document claimed is reasonable and necessary and r | ation of your actual expenses, and you must explain why the amount not already accounted for in lines 6-23. | | | | | | |
| | * Subject to adjustment on 4/01/19, and eve | ery 3 years after that for cases begun on or after the date of adjustment. | \$ | 0.00 | | | | |
| | | the monthly amount by which your actual food and clothing expenses are allowances in the IRS National Standards. That amount cannot be more as in the IRS National Standards. | | | | | | |
| | | cional allowance, go online using the link specified in the separate so be available at the bankruptcy clerk's office. | | | | | | |
| | You must show that the additional amount of | claimed is reasonable and necessary. | \$_ | 0.00 | | | | |
| | Continuing charitable contributions. The instruments to a religious or charitable orga | e amount that you will continue to contribute in the form of cash or financial anization. 11 U.S.C. § 548(d)(3) and (4). | | | | | | |
| | Do not include any amount more than 15% | of your gross monthly income. | \$_ | 0.00 | | | | |
| | 32. Add all of the additional expense deductions. Add lines 25 through 31. | | | | | | | |
| Dedu | uctions for Debt Payment | | | | | | | |
| lo T | pans, and other secured debt, fill in lines | ent, add all amounts that are contractually due to each secured | | | | | | |
| | Mortgages on your home | | | ge monthly | | | | |
| 33a. | Copy line 9b here | => | payme \$ | 5,047.00 | | | | |
| | Loans on your first two vehicles | => | * | | | | | |
| 33b. | • | => | \$ | 0.00 | | | | |
| 33c. | Camer line 40a hana | | Ф Ф | 0.00 | | | | |
| | | ⇒ | Ψ | 0.00 | | | | |
| 33d. Name | List other secured debts: e of each creditor for other secured debt | Identify property that secures the debt Does payment include taxes or insurance? | | | | | | |
| | | □ No | | | | | | |
| | -NONE- | ☐ Yes | \$ | | | | | |
| | | | т — | | | | | |
| | | □ No | | | | | | |
| | | | \$ | | | | | |
| | | □ No | | | | | | |
| | | □ Yes + | \$ | | | | | |
| | | | Ψ ₌ | | | | | |
| 33e | Total average monthly payment. Add lines | Copy total s 33a through 33d \$ 5,047.00 | • | 5,047.00 | | | | |

| ebtor 1 | Corl | bett P O'Connor | | | Cas | se n | umber (if known) | | | | |
|----------------|----------------------------------|--|---|--------------------------------------|-------------------------------|------|------------------|------|------------------------|-------|-----------|
| | | | line 33 secured by your prin your support or the support | | | е, | | | | | |
| | l No. | Go to line 35. | | | | | | | | | |
| | | State any amount that y listed in line 33, to keep | rou must pay to a creditor, in a possession of your property (ill in the information below. | | | | | | | | |
| Name | e of the | creditor | Identify property that secu | ures the d | ebt | To | otal cure amount | | Mont | hly c | ure |
| She | llpoin | t Mortgage | 186 North Herman A NY 11714 Nassau C | | Bethpage, | | 360,000.00 | ÷ 60 | | | 5,000.00 |
| | | | | | \$ | _ | | ÷ 60 | | | |
| | | | | | \$ | _ | | | = +\$ | | |
| | | | | | Total | \$ | 6,000.00 | , t | Copy otal nere=> | 6 | 6,000.00 |
| | | | | | | L_ | | | | | |
| | | | such as a priority tax, child of your bankruptcy case? | | | hat | | | | | |
| | _ | • | , | | J | | | | | | |
| | - | Go to line 36. | of all of those priority plaims. | o not incl | uda aurrant ar | | | | | | |
| _ | 1 165. | | of all of these priority claims. Do such as those you listed in line | | ude current of | | | | | | |
| | | Total amount of all pas | and the same of a wife of a factor of | | | \$ | 0.00 |) | ÷60 \$ | ; | 0.00 |
| 36. P ı | rojecte | d monthly Chapter 13 p | | | | \$ | | _ | | | |
| O: th To | ffice of e Exec o find a l | the United States Courts cutive Office for United Statist of district multipliers that in | as stated on the list issued by (for districts in Alabama and Nates Trustees (for all other distinctudes your district, go online using list may also be available at the base. | North Car tricts). ng the link | olina) or by specified in the | Х | | _ | | | |
| 30 | parate i | ristructions for this form. This | s list may also be available at the b | ankruptcy | cierk's office. | | | | oy total | | |
| A۱ | verage | monthly administrative ex | xpense | | | | \$ | her | e=> \$ | | |
| | | of the deductions for des 33e through 36. | ebt payment. | | | | | | \$ | 1 | 1,047.00 |
| Total | Deduc | tions from Income | | | | | | | | | |
| 38. A | dd all d | of the allowed deduction | ns. | | | | | | | | |
| (| Copy lir expens | ne 24, All of the expenses | s allowed under IRS | \$ | 5,127.00 | 0_ | | | | | |
| | | | l expense deductions | \$ | 1,297.00 | 0 | | | | | |
| (| Copy lir | ne 37, All of the deduction | ns for debt payment | +\$ | 11,047.00 | 0 | | | | | |
| - | Fotal d | aductions | | \$ | 17,471.00 | n | Comu total harra | | \$ | | 17,471.00 |
| | i Olai Ut | | | Ψ_ | 11,711.00 | _ | Copy total here= | | Ψ | | , |

| | | | | | /asc 11 | umber (<i>if known</i>) | | | |
|--|--|--|---|---|---|--|--|--|--|
| etermine You | r Disposable Income Under 11 | J.S.C. § 132 | 5(b | o)(2) | | | | | |
| our total cur | rent monthly income from line 1 | 4 of Form 1 | 220 | C-1, Chapter 13 | | | | | 40.754.00 |
| | • | | | | d. | | . \$_ | | 13,754.00 |
| The month payments for d in accordan | ly average of any child support pa or a dependent child, reported in F ce with applicable nonbankruptcy | yments, foste art I of Form | er c 12 | care payments, or 2C-1, that you | | \$ | 0.00 | | |
| er withheld fro S.C. § 541(b) | om wages as contributions for qua (7) plus all required repayments o | ified retireme | ent | plans, as specifie | ed | \$ | .00 | | |
| f all deduction | ns allowed under 11 U.S.C. § 70 | 7(b)(2)(A). C | Сор | y line 38 here | => | \$17,471 | .00 | | |
| es and you ha | ave no reasonable alternative, des must give your case trustee a deta | cribe the spe | ecia | al circumstances a | and | | | | |
| ne special ci | cumstances | | | Amount of exp | pens | se | | | |
| | | | _ | \$ | | | | | |
| | | | _ | \$ | | _ | | | |
| | | | _ | \$ | | | | | |
| | | Total | \$_ | 0.00 | | • • | | 0.00 | |
| djustments. | Add lines 40 through 43. | | | => | \$ | 17,471.00 | 1 - | - | 17,471.00 |
| | | | | | | | | | |
| ate your mon | thly disposable income under § | 1325(b)(2). | Sul | btract line 44 from | n line | 39. | | \$ | -3,717.00 |
| hange in Inc | ome or Expenses | | | | | | L | | |
| e in income o | or expenses. If the income in Forr virtually certain to change after the e open, fill in the information below | e date you fil r. For exampl | led le, i | your bankruptcy if the wages repo | petiti rted | on and during the increased after | | | |
| | i, check 122C-1 in the first column in when the increase occurred, an | | | | | Apidin Wily tho | | | |
| | | | | | e. | Increase or decrease? | An | nount of | change |
| | our total current of Your Cony reasonaben. The monthly payments for din accordancery to be experient withheld from S.C. § 541(b) din 11 U.S.C. all deduction ion for species and you happenses. You intances and done special circles and dinterpretation in the special circles and dinter | our total current monthly income from line 1 ent of Your Current Monthly Income and Caliny reasonably necessary income you receive. The monthly average of any child support pay payments for a dependent child, reported in Pid in accordance with applicable nonbankruptcy ary to be expended for such child. Il qualified retirement deductions. The monther withheld from wages as contributions for qual S.C. § 541(b)(7) plus all required repayments or din 11 U.S.C. § 362(b)(19). If all deductions allowed under 11 U.S.C. § 70 ion for special circumstances. If special circumstances and you have no reasonable alternative, despenses. You must give your case trustee a detatances and documentation for the expenses. The special circumstances The special circumstance special circumstances The special circumstance special circumstances The special circumstance special circ | our total current monthly income from line 14 of Form 1 ent of Your Current Monthly Income and Calculation of ny reasonably necessary income you receive for suppon. The monthly average of any child support payments, fostly payments for a dependent child, reported in Part I of Form 1 in accordance with applicable nonbankruptcy law to the example to be expended for such child. Il qualified retirement deductions. The monthly total of all er withheld from wages as contributions for qualified retirement of in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from din 11 U.S.C. § 362(b)(19). If all deductions allowed under 11 U.S.C. § 707(b)(2)(A). On the information of the expenses of in the information of the expenses. You must give your case trustee a detailed explanation and documentation for the expenses. Total Total In the your monthly disposable income under § 1325(b)(2). The property of the income of expenses. If the income in Form 122C-1 or the income of expenses. If the income in Form 122C-1 or the income of expenses. | our total current monthly income from line 14 of Form 1220 ent of Your Current Monthly Income and Calculation of Cony reasonably necessary income you receive for support for. The monthly average of any child support payments, foster of yo payments for a dependent child, reported in Part I of Form 12 do in accordance with applicable nonbankruptcy law to the exter ary to be expended for such child. Il qualified retirement deductions. The monthly total of all an er withheld from wages as contributions for qualified retirement S.C. § 541(b)(7) plus all required repayments of loans from retide in 11 U.S.C. § 362(b)(19). If all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copion for special circumstances. If special circumstances justifies and you have no reasonable alternative, describe the special enses. You must give your case trustee a detailed explanation tances and documentation for the expenses. Total \$ | ny reasonably necessary income you receive for support for dependent in. The monthly average of any child support payments, foster care payments, or y payments for a dependent child, reported in Part I of Form 122C-1, that you do in accordance with applicable nonbankruptcy law to the extent reasonably any to be expended for such child. Il qualified retirement deductions. The monthly total of all amounts that your er withheld from wages as contributions for qualified retirement plans, as specific S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as d in 11 U.S.C. § 362(b)(19). If all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here in an interpretation of the special circumstances are penses. You must give your case trustee a detailed explanation of the special tances and documentation for the expenses. Total \$ Total \$ 0.00 Amount of experience in Income or Expenses In income or expenses. If the income in Form 122C-1 or the expenses you respense in income or expenses. If the income in Form 122C-1 or the expenses you respenses are in income or expenses. If the income in Form 122C-1 or the expenses you respense in income or expenses. | cour total current monthly income from line 14 of Form 122C-1, Chapter 13 cent of Your Current Monthly Income and Calculation of Commitment Period. In reasonably necessary income you receive for support for dependent in the monthly average of any child support payments, foster care payments, or ypayments for a dependent child, reported in Part I of Form 122C-1, that you do in accordance with applicable nonbankruptcy law to the extent reasonably are to be expended for such child. Il qualified retirement deductions. The monthly total of all amounts that your er withheld from wages as contributions for qualified retirement plans, as specified S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as do in 11 U.S.C. § 362(b)(19). Fall deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here point for special circumstances. If special circumstances justify additional es and you have no reasonable alternative, describe the special circumstances and penses. You must give your case trustee a detailed explanation of the special tances and documentation for the expenses. In especial circumstances Amount of expenses Amount of expenses Amount of expenses It is possible income under § 1325(b)(2). Subtract line 44 from line thange in Income or Expenses. In income or expenses. If the income in Form 122C-1 or the expenses you reported the income or expenses. | cour total current monthly income from line 14 of Form 122C-1, Chapter 13 ent of Your Current Monthly Income and Calculation of Commitment Period. In reasonably necessary income you receive for support for dependent in. The monthly average of any child support payments, foster care payments, or y payments for a dependent child, reported in Part I of Form 122C-1, that you do in accordance with applicable nonbankruptcy law to the extent reasonably any to be expended for such child. Il qualified retirement deductions. The monthly total of all amounts that your er withheld from wages as contributions for qualified retirement plans, as specified S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as d in 11 U.S.C. § 362(b)(19). If all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here so in 17,471 ion for special circumstances. If special circumstances justify additional eas and you have no reasonable alternative, describe the special circumstances and penses. You must give your case trustee a detailed explanation of the special tances and documentation for the expenses. Amount of expense Total Amount of expense Amount of expense \$ 17,471.00 In qualified retirement plans, as specified S.C. § 541(b)(2). Subtract line 44 from line 39. | cour total current monthly income from line 14 of Form 122C-1, Chapter 13 ent of Your Current Monthly Income and Calculation of Commitment Period. sy payments provided in the monthly average of any child support payments, foster care payments, or y payments for a dependent child, reported in Part 1 of Form 122C-1, that you used in accordance with applicable nonbankruptcy law to the extent reasonably any to be expended for such child. sy payments for a dependent child, reported in Part 1 of Form 122C-1, that you used in accordance with applicable nonbankruptcy law to the extent reasonably any to be expended for such child. sy payments for a dependent child, reported in Part 1 of Form 122C-1, that you used in accordance with applicable nonbankruptcy law to the extent reasonably any to be expended for such child. sy payments for a dependent child, reported in Part 1 of Form 122C-1, that you do not not such that your case as contributions for qualified retirement plans, as specified S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified S.C. § 541(b)(7) plus all required repayments o | cour total current monthly income from line 14 of Form 122C-1, Chapter 13 ent of Your Current Monthly Income and Calculation of Commitment Period. In the monthly average of any child support payments, foster care payments, or y payments for a dependent child, reported in Part I of Form 122C-1, that you aim accordance with applicable nonbankruptcy law to the extent reasonably arry to be expended for such child. If qualified retirement deductions. The monthly total of all amounts that your are withheld from wages as contributions for qualified retirement plans, as specified S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as din 11 U.S.C. § 362(b)(19). If all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here \$\frac{1}{2}\$\$ \$\frac{1}{2}\$\$\$ \$\frac{1}{2}\$\$\$ \$\frac{1}{2}\$\$\$ \$\frac{1}{2}\$\$\$ \$\frac{1}{2}\$\$\$\$ \$\frac{1}{2}\$ |

Case 8-17-73713-ast Doc 1 Filed 06/18/17 Entered 06/18/17 23:02:53

| Debtor 1 | Corbett P O'Connor | Case number (if known) |
|----------|--|--|
| | | |
| Part 4: | Sign Below | |
| | | |
| Е | By signing here, under penalty of perjury you de | clare that the information on this statement and in any attachments is true and correct. |
| | | |
| | /s/ Corbett P O'Connor | |
| | Corbett P O'Connor Signature of Debtor 1 | |
| | June 16, 2017 | |
| _ | MM / DD / YYYY | |
| | | |
| | | |

Official Form 122C-2

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of New York

| | | District of New 10 | I K | | | | | |
|----------------|---|---|--|---|------|--|--|--|
| In re | Corbett P O'Connor | Debtor(s) | Case No. | 13 | | | | |
| | | Debior(s) | Chapter | _13 | | | | |
| | DISCLOSURE OF COMPENSA | ATION OF ATTO | RNEY FOR DI | EBTOR(S) | | | | |
| (| Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), compensation paid to me within one year before the filing of the rendered on behalf of the debtor(s) in contemplation of or | the petition in bankruptcy | y, or agreed to be paid | to me, for services rendered or | to | | | |
| | For legal services, I have agreed to accept | | \$ | 6,000.00 | | | | |
| | Prior to the filing of this statement I have received | | \$ | 3,000.00 | | | | |
| | Balance Due | | \$ | 3,000.00 | | | | |
| 2. 5 | S 310.00 of the filing fee has been paid. | | | | | | | |
| 3. 7 | The source of the compensation paid to me was: | | | | | | | |
| | ■ Debtor □ Other (specify): | | | | | | | |
| 4. 7 | The source of compensation to be paid to me is: | | | | | | | |
| | ■ Debtor □ Other (specify): | | | | | | | |
| 5. | ■ I have not agreed to share the above-disclosed compensation | ation with any other person | n unless they are mem | bers and associates of my law f | irm. | | | |
| | ☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the names | | | | A | | | |
| 5. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | | | | |
| ł | Analysis of the debtor's financial situation, and rendering Preparation and filing of any petition, schedules, statement Representation of the debtor at the meeting of creditors and [Other provisions as needed] Negotiations with secured creditors to reduce reaffirmation agreements and applications at 522(f)(2)(A) for avoidance of liens on house appearing in court, if necessary and complete documentation with the debtor's mortgage | nt of affairs and plan whic nd confirmation hearing, a nce to market value; ex as needed; preparatio hold goods. Also incleting, transmitting and | ch may be required; and any adjourned hea kemption planning; n and filing of moti lude loss mitigation | rings thereof; preparation and filing of ons pursuant to 11 USC representation including | | | | |
| 7. 1 | By agreement with the debtor(s), the above-disclosed fee doo Representation of the debtors in any discharany other adversary proceeding. | | | es, relief from stay actions | or | | | |
| | C | ERTIFICATION | | | | | | |
| | certify that the foregoing is a complete statement of any agankruptcy proceeding. | reement or arrangement fo | or payment to me for r | epresentation of the debtor(s) in | 1 | | | |
| J | une 16, 2017 | /s/ Michael Kinz | er | | | | | |
| \overline{D} | ate | Michael Kinzer | | | | | | |
| | | Signature of Attorn Michael A. Kinze | | | | | | |
| | | 100 Broadhollov | w Rd. Ste. 205 | | | | | |
| | | Farmingdale, N\ 631-321-8584 F | / 11735 ax: 1-866-734-5839 | | | | | |
| | | Name of law firm | 1 000 104 0000 | | | | | |

United States Bankruptcy Court Eastern District of New York

| In re | Corbett P O'Connor | Case No. | | |
|-------|--------------------|-----------|---------|----|
| | | Debtor(s) | Chapter | 13 |

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

| Date: | June 16, 2017 | /s/ Corbett P O'Connor |
|-------|---------------|----------------------------------|
| | | Corbett P O'Connor |
| | | Signature of Debtor |
| Date: | June 16, 2017 | /s/ Michael Kinzer |
| | | Signature of Attorney |
| | | Michael Kinzer |
| | | Michael A. Kinzer |
| | | 100 Broadhollow Rd. Ste. 205 |
| | | Farmingdale, NY 11735 |
| | | 631-321-8584 Fax: 1-866-734-5839 |

USBC-44 Rev. 9/17/98

David W. Chefec, P.C. 401 Franklin Avenue Garden City, NY 11530

Natl Commerce Exchange 400 Jericho Tpke. #115 Jericho, NY 11753

Shellpoint Mortgage 75 Beattie Place Greenville, SC 29601

Stein, Weiner & Roth 1 Old Country Road Mineola, NY 11501 Case 8-17-73713-ast Doc 1 Filed 06/18/17 Entered 06/18/17 23:02:53

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

STATEMENT PURSUANT TO LOCAL BANKRUPTCY RULE 1073-2(b)

CASE NO.:.

| · / |
|---|
| Pursuant to Local Bankruptcy Rule 1073-2(b), the debtor (or any other petitioner) hereby makes the following disclosure concerning Related Cases, to the petitioner's best knowledge, information and belief: |
| [NOTE: Cases shall be deemed "Related Cases" for purposes of E.D.N.Y. LBR 1073-1 and E.D.N.Y. LBR 1073-2 if the earlier case was pending at any time within eight years before the filing of the new petition, and the debtors in such cases: (i) are the same; (ii) are spouses or ex-spouses; (iii) are affiliates, as defined in 11 U.S.C. § 101(2); (iv) are general partners in the same partnership; (v) are a partnership and one or more of its general partners; (vi) are partnerships which share one or more common general partners; or (vii) have, or within 180 days of the commencement of either of the Related Cases had, an interest in property that was or is included in the property of another estate under 11 U.S.C. § 541(a).] |
| NO RELATED CASE IS PENDING OR HAS BEEN PENDING AT ANY TIME. |
| ☐ THE FOLLOWING RELATED CASE(S) IS PENDING OR HAS BEEN PENDING: |
| |
| 1. CASE NO.: JUDGE: DISTRICT/DIVISION: |
| CASE STILL PENDING (Y/N): [If closed] Date of closing: |
| CURRENT STATUS OF RELATED CASE: |
| (Discharged/awaiting discharge, confirmed, dismissed, etc.) |
| MANNER IN WHICH CASES ARE RELATED (Refer to NOTE above): |
| REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE: |
| 2. CASE NO.: JUDGE: DISTRICT/DIVISION: |
| CASE STILL PENDING (Y/N): [If closed] Date of closing: |
| CURRENT STATUS OF RELATED CASE:(Discharged/awaiting discharge, confirmed, dismissed, etc.) |
| (Discharged/awaiting discharge, confirmed, dismissed, etc.) |
| MANNER IN WHICH CASES ARE RELATED (Refer to NOTE above): |
| REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE: |
| 3. CASE NO.: JUDGE: DISTRICT/DIVISION: |
| CASE STILL PENDING (Y/N): [If closed] Date of closing: |

DEBTOR(S): Corbett P O'Connor

| DISCLOSURE OF RELATED CASES (cont'd) | |
|--|--|
| CURRENT STATUS OF RELATED CASE: | |
| | Discharged/awaiting discharge, confirmed, dismissed, etc.) |
| MANNER IN WHICH CASES ARE RELATED (Refer | to NOTE above): |
| REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE SCHEDULE "A" OF RELATED CASE: | E "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN |
| | s who have had prior cases dismissed within the preceding 180 days may not ired to file a statement in support of his/her eligibility to file. |
| TO BE COMPLETED BY DEBTOR/PETITIONER'S AT | TTORNEY, AS APPLICABLE: |
| I am admitted to practice in the Eastern District of New Y | 'ork (Y/N): Y |
| CERTIFICATION (to be signed by pro se debtor/petition I certify under penalty of perjury that the within bankrupt as indicated elsewhere on this form. | er or debtor/petitioner's attorney, as applicable): cy case is not related to any case now pending or pending at any time, except |
| /s/ Michael Kinzer | |
| Michael Kinzer Signature of Debtor's Attorney Michael A. Kinzer 100 Broadhollow Rd. Ste. 205 | Signature of Pro Se Debtor/Petitioner |
| Farmingdale, NY 11735 | |
| 631-321-8584 Fax:1-866-734-5839 | Signature of Pro Se Joint Debtor/Petitioner |
| | Signature of Pro Se Joint Debtor/Petitioner Mailing Address of Debtor/Petitioner |
| | |

Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

NOTE: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.

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